**STUDY TITLE**

I am a professor/a medical student under the direction of Professor… in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Western Michigan University Homer Stryker M.D. School of Medicine. I am conducting a research study to (state purpose of study).

I am inviting your participation, which will involve (…Include the expected duration of the subject's participation and give a complete and accurate description of what the participation will entail). You have the right not to answer any question and to stop participation at any time.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (for example, it will not affect your grade). (If there is any credit or compensation this should be mentioned). (If applicable include a statement about age such as “You must be 18 or older to participate in the study.”)

(Describe any benefits to participation for the individual or others such as your responses to the interview will be used to…or although there is no benefit to you possible benefits of your participation are….)There are no foreseeable risks or discomforts to your participation.

(Describe measures used to protect confidentiality. "Confidentiality will be maintained" is not acceptable.). Your responses will be anonymous (OR confidential). The results of this study may be used in reports, presentations, or publications but your name will not be used. (If applicable, state that results will only be shared in the aggregate form.) (For focus groups studies, include language that due to the nature of focus groups, complete confidentiality cannot be guaranteed.)

(If you are planning to audio record or video record the interview that should be mentioned). I would like to audio record or video record this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be recorded; you also can change your mind after the interview starts, just let me know.

If you have any questions concerning the research study, please contact the research team at: (provide contact information for PI and Co-Investigator). If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board (IRB) at (269-337-4345. Please let me know if you wish to be part of the study.(If you are conducting focus groups, videotaping participants, or identifying participants by name, then a signature is required instead of the preceding sentence.)

By signing below you are agreeing to be part of the study.

Name:

Signature: Date: