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| **SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY****& NYC Health + Hospitals, Kings County****BROOKLYN, NY 11203****Information Sheet**  |
| Title:Researcher(s):Researcher Contact Information:Sponsor: |

*HELPFUL TIPS:*

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| * *This “SIMPLE” template does not include general guidance. Please refer to the “All-In-One” template for more detailed guidance, which is available in Step 8 at:* [*https://research.downstate.edu/irb/electronic-submission.html*](https://research.downstate.edu/irb/electronic-submission.html)
* *Remove all guidance and instructional text before submitting to the IRB.*
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**What should you know about this research?**

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

We (the researchers) are asking if you would like to be in a research study. Participation is **voluntary**, which means that only you can decide if this is right for you. It is your choice whether you want to be in this research. Your decision will not affect your services at Downstate (or list other sites).

This form will explain the following to help you decide whether to participate in the study or not:

* Why the study is being done.
* What will happen if you participate.
* Risks or discomforts that might happen.
* Benefits, if any.

To participate in the study is your choice and only up to you. You can choose not to take part. You can agree to take part and later change your mind. There are no penalties or loss of services or any benefits if you decide not to participate. And, please ask all the questions you want before you decide.

**What is the purpose of this research?**

**What happens if you decide to be in this study?**

Include a description of the procedures to be followed, and identification of any procedures that are experimental.

**How long will you be in the study?**

**Are there any risks in being in this study?**

Describe any reasonably foreseeable risks or discomforts to the participant.

**Are there any benefits from being in this study?**

**Do you have other options?**

**What costs are you responsible for paying in this study?**

**How will researchers protect and share your information and specimens?**

We will protect the confidentiality of your information to the extent possible. The researchers will keep information about you in a secure location with limited access. If the results of this study are made public, information that identifies you will not be used.

When data or specimens are stored for future research, add, and edit as needed: This study is collecting data and specimens from you. We would like to make your data and specimens available for other research studies that may be done in the future. The research may be about similar diseases or conditions to this study. However, research could also be about unrelated diseases, conditions, or other aspects of health. These studies may be done by researchers at other institutions, including commercial entities. Our goal is to make more research possible to learn about health and disease. Your data and specimens will be stored [indicate the name of the institution where they will be stored, including any biobanks to be utilized]. We plan to keep your data and specimens for [indicate time frame (no more than 10 years for DNA samples) or “indefinitely,” or until “used completely,” etc.]. Your data and specimens may be shared with investigators around the world. However, access to the data and specimens is controlled by [indicate which entity has control]. To use your data and specimens, researchers must get approval and cannot try to identify you.

**Who can you talk to about the research?**

Contact the researcher listed on the first page if you have questions, concerns, complaints, or get hurt.

The SUNY Downstate Health Sciences University (Downstate) Institutional Review Board & Privacy Board (IRB) oversees this research. You may send an encrypted (secured) e-mail to the IRB at irb@downstate.edu or you may call (718) 613-8480 to speak to someone in the IRB for any reason, such as:

* You have questions about your rights.
* Your questions, concerns, or complaints are not being answered by the research team.
* You cannot reach the research team.
* You want to talk to someone besides the research team.
* You want to get more information.
* You want to provide your input about this research.

You have read this document and were told of the risks and benefits (if any) and a member of the research team answered questions to your satisfaction. A member of the research team will answer any future questions. You voluntarily agree to join the study and know that you can withdraw from the study at any time without penalty. You do not waive any legal rights.