



Research Information Sheet: University of Detroit Mercy

Title of Study:

Principal Investigator (PI):

School and Department/Division:

Purpose of the Study

The purpose of this study is to [*state the purpose/objective of the study, and the type of study*].

Study Procedures

If you agree to take part in the study, it will require you to [*briefly describe what the volunteer will do*]. It is estimated that you will be a part of this study for [*state the length of time the volunteer will need to complete the study*]. Approximately [*number*] volunteers will participate in this study. Participation is entirely voluntary, and you may withdraw from the study at any time with no penalty to you.

Potential Benefits

Describe the benefits of participating in the study. If there are no particular benefits, use this statement: Although you may not receive direct benefit from your participation in this study, others may ultimately benefit from the knowledge obtained in this study.

Foreseeable Risks

Choose **one** of the following statements depending on your study:

This project is unlikely to have more than minimal risk, or any risk greater than that encountered in your routine daily activities.

This project is unlikely to have more than minimal risk, or any risk greater than that encountered in your routine daily activities. Participation or not in the study will have no effect on your grades, class standing, or graduation.

Costs to You

Describe any costs of participation. If there are no costs, use this statement: There will be no costs to you for participation in this research study.

Compensation

Provide details for any compensation participants will receive. If none, use this statement: If you are part of this study, you will receive no compensation or payment.

Confidentiality

You will not be identified in any reports on this study. Results of the study will be reported in aggregate form only. Records will be kept confidential to the extent provided by federal, state, and local law. However, the Institutional Review Board, the sponsor of the study, or university and government officials responsible for monitoring this study may inspect the records.

Questions:

If you have any questions about this study now or in the future, you may contact [*insert name of PI*] at the following phone number [*insert telephone number*]. If you have questions or concerns about your rights as a research participant, the Chair of the Institutional Review Board IRB@udmercy.edu.