Exempt Study - Participant Information Sheet

Add any IRB approved language for participant survey instructions here

Template Use Guidance:

This template is provided as a guide for transferring the VCU IRB approved Participant Information Sheet to the REDCap platform. Per the VCU IRB approved Participant Information Sheet, not all sections in this template may apply, and therefore may be removed, or additional sections added.

In addition, REDCap functionalities and settings must reflect the VCU IRB approved plan of how the REDCap platform will be utilized and the process for providing the information sheet to participants.

The REDCap study title may be changed to the study specific title (under survey settings).

The yellow highlighted areas below are to be replaced by the study specific content per the VCU IRB approved Participant Information Sheet.

Related Information Links:
Guidance in Using REDCap Platform for EXEMPT Study Participant Information Sheet
Any IRB links that would be useful? REDCap training videos/guidance

Types of IRB Review

<table>
<thead>
<tr>
<th>Research Study Title: Enter Study Title Here</th>
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<tbody>
<tr>
<td>VCU IRB Protocol Number: Enter VCU IRB assigned protocol number here</td>
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<tr>
<th>VCU Principal Investigator: PI HERE</th>
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<tr>
<td>Phone: PHONE HERE</td>
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<tr>
<td>Sponsor: Provide sponsor entity here</td>
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RESEARCH STUDY DESCRIPTION

Enter the IRB approved research study information/description here including that the activity involves research and participation is voluntary

AN OVERVIEW OF THE RESEARCH ACTIVITIES

Enter the IRB approved content for/brief description of what participants will be doing

WILL I BE COMPENSATED FOR MY TIME? Section may be used as applicable or otherwise deleted

Add applicable compensation VCU IRB approved information here, otherwise delete this section
CERTIFICATE OF CONFIDENTIALITY Only add this section if required per IRB approved information sheet, otherwise delete this section

Add VCU IRB approved language here, as applicable, otherwise delete

HOW WILL MY HEALTH INFORMATION BE USED AND SHARED DURING THIS STUDY? Only add this section if required per IRB approved information sheet, otherwise delete this section

Add VCU IRB approved language here, as applicable, otherwise delete

WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

Add whom to contact with questions (generally the principal investigator)

Address:

Email:

Phone:

INFORMATION SHEET

Upload a copy of the information sheet bearing the VCU IRB "APPROVED" stamp (use the "attach an image, file, or embedded audio" section of this field)

PARTICIPATION CHOICE As applicable per VCU IRB approved Participant Information Sheet and as outlined in the IRB approved plan for how the REDCap platform will be utilized and the process for providing the information sheet to participants. The following section outlines how this feature might be used. Remove sections if not applicable.

I have read the Participant Information Sheet and my choice to participate is the following:

☐ Yes, I wish to participate

☐ NO, I do NOT wish to participate

Add IRB approved language for thanking the participant or section may be deleted.

Date