Date:

Inside Address

Dear :

We are writing to invite you to participate in a research study. Your guardian has said it is ok for you to be in the study, however we want to let you choose if you want to do this **[If possible].**The purpose of the study is **[general description of the project- what you want to learn about]**.

We are inviting you to be in this study because **[describe why the person receiving the letter is eligible for the study – e.g., you are a former patient of ours, you are an undergraduate of Northern Michigan University, you are a teacher in the Marquette area school district]**. Approximately **[number]** of people will take part in this study at Northern Michigan University.

If you agree to participate, we would like you to **[describe study procedures, including examples of the kinds of questions you plan to ask the subject, and how long it will take to answer the questions. Describe which part of the study is experimental. If the study involves completing an enclosed survey or questionnaire, also include the following information: 1) how the subject should let you know if he/she does not want to participate (return a black survey to you? Return an enclosed postcard?) 2) whether you will contact the subject again by letter or phone (how long after this letter? how many times?) if he/she does not return the survey, 3) the fact that the subject is free to not answer any questions he/she would prefer not to answer.] Describe all procedures using simple terms and explaining any medical terms.**

We will keep the information you provide confidential; however, federal regulatory agencies and the Northern Michigan University Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. **[If applicable, describe whether you are using an ID code number on an enclosed survey, and whether you will destroy the link between the code number and the person’s name after the study is over. If the survey is totally anonymous so that you won’t know who returns it, you could explain that in this paragraph.]** If we write a report about this study we will do so in such a way that you cannot be identified.

There are no known risks from being in this study, and you will not benefit personally. However we hope that others may benefit in the future from what we learn as a result of this study.

**[Choose one of the following:]**

You will not have any **[costs/additional costs]** for being in this research study

**[--- OR ---]**

You will have [costs/additional costs] for being in this research study. **[Clearly describe any costs to the subject. If there are travel/parking costs, those should be mentioned.]**

**[Choose one of the following:]**

You will not be paid for being in this research study.

[--- OR ---]

You will be paid for being in this research study. You will need to provide your social security number (SSN) in order for us to pay you. You may also need to provide your address if a check will be mailed to you. **[Clearly describe the monetary compensation (total amount, average total amount, amount per visit, amount per hour, etc.). If compensation is pro-rated when a subject withdraws prior to completing the study, explain it is pro-rated. If there is non-monetary compensation (e.g., extra credit, gift certificate, etc.), describe that separately from the monetary compensation statement.]**

Taking part in this research study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won’t’ be penalized or lose any benefits for which you otherwise qualify.

If you have any further questions regarding your child’s rights as a participant in a research project you may contact Dr. Lisa Eckert of the Human Subjects Research Review Committee of Northern Michigan University (906-227-2300) [leckert@nmu.edu](mailto:leckert@nmu.edu). Any questions you have regarding the nature of this research project will be answered by the principal researcher who can be contacted as follows: Dr. XXX (906-227-XXXX) [XXXX@nmu.edu](mailto:XXXX@nmu.edu).

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I have read the above “Informed Consent Statement.” The nature, risks, demands, and benefits of the project have been explained to me. I understand that I may ask questions and that I am free to withdraw from the project at any time without incurring ill will or negative consequences. I also understand that this informed consent document will be kept separate from the data collected in this project to maintain anonymity (confidentiality). Access to this document is restricted to the principle investigators.

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Subjects Signature Date

Thank you very much for your consideration. **[If applicable, add a statement saying that returning the completed survey or questionnaire will indicate your willingness to participate in the study.]**

Sincerely,

Name of PI or Research Team Member

Title