THE CITY UNIVERSITY OF NEW YORK
<insert name of PI’s Affiliated CUNY College>
<insert name of PI’s Department>

INFORMATION SHEET TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study:  <enter title of study here>

Principal Investigator:  <enter name and degree(s)>
<enter CUNY title>

Faculty Advisor:  <enter name and degree(s)>
<enter CUNY title>
<enter name of Faculty Advisor’s CUNY campus, if different from one listed in consent form heading above>
<enter name of Faculty Advisor’s department, if different from one listed in consent form heading above>

Research Sponsor:  <enter name of research sponsor/funder, if applicable>

Purpose:
The purpose of this research study is to <accurately explain the purpose of this research study in a few simple sentences, using lay language while avoiding any technical terms, and the reason why one might or might not want to participate.>

You are being asked to take part in a research study because you <<indicate basic inclusion criteria>>.

Procedures:
If you volunteer to participate in this research study, we will ask you to do the following:

• <List procedures in chronological order and include:
  o <List and describe each procedure in lay language, avoiding any technical terms.>
  o <For each procedure, state time and location where procedure will take place and include approximate time commitment.>

• <For research involving surveys or interviews:
  o please be sure to describe the types of questions you will ask.
  o Insert “You can choose not to answer any question you do not wish to answer. You can also choose to stop participating at any time.” (This means that the survey needs to be designed to include the possibility of skipping questions and cannot force someone to answer a question to continue.)>
**Audio Recording/Video Recording/Photographs:** [include if applicable with appropriate heading]:

• If procedures will be audio or video recorded or photographed, be sure to indicate which procedures will be recorded and for what purpose. For example, “To ensure the accuracy of our findings, Procedure A will be audio recorded for later transcription and review by the research team. You can still/cannot participate in this study if you do not consent to audio recording/video recording/photographs.”

**Time Commitment:**
Your participation in this research study is expected to last for a total of <specify study duration>.

**Potential Risks or Discomforts:**

• List and describe all foreseeable risks or discomforts that the participant may experience due to procedures described above in lay language, avoiding any technical terms. Risks should be described in relation to a specific procedure.
• Include as appropriate feeling uncomfortable, or having someone else find out that you were in a research study.
• Include the potential risk of loss of confidentiality of data.

**Potential Benefits:**

• Describe any potential benefits to the participant. If the participant will not directly benefit, state, “You will not directly benefit from your participation in this research study.”

• Describe expected benefits to science or society in lay language, avoiding any technical terms.

**Alternatives to Participation:**
[NOTE: This section is ONLY required for research for which participants are recruited from student subject pools].

[For research involving recruitment from student subject pool:] <Describe alternatives to participating in the research study (e.g., to write a paper or participate in another research study to receive course credit). This section should include only those alternatives previously approved by the CUNY UI-IRB as part of the IRB application for the subject pool(s). Please contact the individual(s) responsible for administration of the subject pool(s) if you have any questions about approved alternatives. Also, clearly state that the subject always has the option not to participate in this study.>

**Payment for Participation:**
<Describe any payment that the participants may receive for their participation, whether in cash or in kind, and indicate when the payment will be made if it will be prorated OR state: You will not receive any payment for participating in this research study.>
Confidentiality:
We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.

We will protect your confidentiality by <describe how you will safeguard identifiable participant data, including any coding procedures, where data will be stored, who will have access to the data, etc.>

- Indicate as appropriate: no identifiable information will be collected, the research data will not be stored with your name, the researcher(s) will not share your information with anyone. In any publication about this research, your name or other private information will not be used.>

<If the research involves collection of identifiable private information, you MUST include one of the following:>

We might remove identifiers from the information collected from you as part of this study and use it for future research studies or distribute it to another investigator for future research studies without additional informed consent.

OR

The information we collect from you as part of this study will not be used or distributed for future research.

Participants’ Rights:

- Your participation in this research study is entirely voluntary.

- [For research that will recruit CUNY students in CUNY classrooms:] Your participation or nonparticipation in this study will in no way affect your grades, your academic standing with CUNY, or any other status in the College.

- [For research that will recruit employees at a specific institution:] Your participation or nonparticipation in this study will in no way affect your employment at <insert employer here.>

- You can decide to stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:
If you have any questions, comments or concerns about the research, you can talk to one of the following researchers:

- <List names, titles, and contact information for each of the researchers, as appropriate.>
- <List names, titles, and contact information for Faculty Advisor, if applicable>
If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu.

Alternatively, you may write to:
CUNY Office of the Vice Chancellor for Research
Attn: Research Compliance Administrator
205 East 42nd Street
New York, NY 10017