*This template is for minimal risk projects only and can be used for projects where the research activities are generally limited to surveys, interviews, focus groups, educational interventions, and/or observational research.*

*The MCW IRB will evaluate the project procedures and determine whether the use of an informational letter rather than a full consent form is appropriate.*

**Instructions**

Although the exact language in this document is subject to modification depending upon the proposed procedures, the letter must contain all the following elements:

1. A clear statement that the proposed project is research

2. A description of the procedures

3. A clear statement that participation is voluntary and that there will be no penalty or loss of benefits for not participating

4. Name and contact information of the PI and any other study team personnel available for subject contact

5. A statement indicating that there are adequate provisions in place to maintain the privacy of subjects

Language in blue type can be used, modified, or deleted as indicated in the instructional text of each section.

To XXXXX:

(*Provide introduction – explain purpose/why the individual is receiving the survey/questionnaire, perhaps what the name of the project is, etc…*)

Although you will not get personal benefit from taking part in this research project, your responses may help us understand more about \_\_\_\_\_\_\_\_\_\_.

We hope to receive completed surveys/questionnaires from about \_\_\_\_ people.

You can decide whether to take part in this research or not. You are free to say yes or no. [If you do not agree to join, or if you leave, you will not be penalized or lose any benefits that you had before starting the research project.] Even if you join this project, you do not have to stay in it. If you do participate, you are free to skip any questions or discontinue at any time.

**If enrolling students or employees:** Taking part in this research is not a part of your job duties or student requirements, and refusing will not affect your job or student status. You will not be offered or receive any special job related or academic consideration if you take part in this research.

The survey/questionnaire/focus group will take about \_\_\_ minutes to complete.

You will be paid \_\_\_ for taking part in this project.

**IF APPLICABLE** (i.e., Questions of a personal or sensitive nature are included in the survey/questionnaire): Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them.

**IF APPLICABLE:** [Describe the setting, duration and procedures of recording session, and use, storage and security of recordings] The interviews/focus groups will be recorded so we can make sure the notes we take of our discussion are accurate. The recording will be deleted after <*insert timeframe and reason*>. Names and identifying information will not be included in the notes taken from the recording.

**IF APPLICABLE** (select the response that corresponds with the identification level of your project): Your response to the survey will be kept confidential to the extent allowed by law. When we write about the study you will not be identified, and your name will not be used in presentations or publications. **OR** The research team will not know that any information you provided came from you, nor even whether you participated in the study.

**IF NIH-FUNDED:** [*insert details of data sharing plan*]

If you have questions about the study, please feel free to ask; my contact information is given below. If you have questions about your rights as a research participant or want to report any problems or complaints, you can call the Medical College of Wisconsin/Froedtert Hospital Research Subject Advocate at (414) 955-8844 or Children’s Wisconsin Human Research Protection Program Office at 414-337-7133.

Sincerely,

[*PI NAME – if a student project, the student may also be listed, but the PI should not be excluded*]

*[Project Role]*

*[Dept.]*

PHONE: XXX-XXX-XXXX

E-MAIL: XXXX@XXX.XXX