**STUDY TITLE**

My name is Name. I am a TITLE in the Department/Division/ College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at VinUniversity. I am conducting a research study to (state purpose of study).

I would like to invite you to participate in this study. Your participation will involve (…Include a full description of what the participation will entail and the expected duration of the subject's participation).

Your participation in this study is voluntary. There is no penalty for not participating in or for withdrawing from the study at any time. (for example, it will not affect your grade). *(If there is any credit or compensation this should be mentioned). (If applicable include a statement about age such as “You must be 18 or older to participate in the study.”)*

There are no expected risks or discomforts to your participation. (*Describe any benefits to participation for the individual or others such as your responses to the interview will be used to…or although there is no benefit to you, possible benefits of this study are….)*

*(Describe measures used to protect confidentiality. "Confidentiality will be maintained"*

*is not acceptable.).* Your responses will be anonymous (OR confidential). The results of

this study may be used in reports, presentations, or publications but your name will not

be used. *(If applicable, state that results will only be shared in the*

*aggregate form.) (For focus groups studies, include language that due to the nature of focus groups,*

*complete confidentiality cannot be guaranteed.)*

*(If you are planning to audio record or video record the interview, include this paragraph*). I would like to audio record or video record this interview. A recording of this interview will allow the research team to……

If you have any questions concerning the research study, please contact the research team at: *(provide contact information for PI and Co-Investigator).* If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Ethics Review Committee at PHONE.

By signing below you are agreeing to be part of the study.

(if you would like to get written consent. Otherwise, if you are proposing a verbal consent, then please state clearly in your IRB application).

Name:

Signature: Date:

*Adapted from the IC template from the Arizona State University: https://researchintegrity.asu.edu/human-subjects/forms*