**INFORMATION SHEET INSTRUCTIONS**

* Make necessary changes to the yellow highlighted sections.
* Do not change the sections with blue highlighting.
* **Only** upload the completed information sheet (page 3) for your study
* Contact us at [irb@olemiss.edu](mailto:irb@olemiss.edu) with any questions.

**Title:** **Must match title on application**

|  |  |
| --- | --- |
| **Investigator**  PI NAME Department of xxx The University of Mississippi (662) 915-xxxx | **Advisor**  ADVISOR NAME. Department of xxx ### xxx Hall The University of Mississippi (662) 915-xxxx |

**Description:**  
**Provide a brief description of your research**. A few sentences should be adequate. [Example: The purpose of this research project is to determine how people feel about surveys. We would like to ask you a few questions about surveys. You will not be asked for your name or any other identifying information.]

**Cost and Payments:**  
**Provide a short description of cost and payments**. [Example: It will take you approximately ten minutes to complete this survey/interview/test.] **OR** If subjects will be provided any compensation, describe the compensation in detail: [You will receive $10 for completing the questionnaire.]

**Risks and Benefits**:  
**List any risks or benefits**. [Example: You may feel uncomfortable with some of the questions (list examples). We do not think that there are any other risks. A lot of people enjoy taking questionnaires.]

**Confidentiality**:  
**Describe the level of confidentiality**. Describe any identifiers that will be collected. [Example: No identifiable information will be recorded; therefore, we do not think you can be identified from this study.] If recording, state what the recordings will be used for, how they and other confidential information will be stored ( ex: password protected secure storage) and how long they will be stored before being destroyed.

**Right to Withdraw:**   
[Example: You do not have to take part in this study, and you may stop participation at any time. If you start the study and decide that you do not want to finish, all you must do is to tell PI NAME and/or ADVISOR NAME in person, by letter, or by tele­phone (contact information listed above). You may skip any questions you prefer not to answer.]

**IRB Approval: DO NOT CHANGE**   
This study has been reviewed by The University of Mississippi’s Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

**Statement of Consent: DO NOT CHANGE**

I have read and understand the above information. By continuing with the study, I consent to participate in the study, andI certify that I am 18 years of age or older.

*INCLUDE THE FOLLOWING PARAGRAPH* ***ONLY*** *IF YOU ARE COLLECTING DATA FROM STUDENTS IN YOUR CLASS*

***Student Participants in Investigators’ Classes***

*Special human research subject protections apply where there is any possibility of undue influence – such as for students in classes of investigators. Investigators can recruit from their classes but only by providing information on availability of studies. They can encourage you to participate, but they cannot exert any pressure for you to do so. Therefore, if you experience any undue influence from your instructor, you should contact the IRB via phone (662-915-7482) or email (irb@olemiss.edu) and report the specific details. You will remain anonymous in an investigation.*

**INFORMATION SHEET**

**Title:** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Investigator**  Click or tap here to enter text. Department of Click or tap here to enter text. The University of Mississippi Click or tap here to enter text. | **Advisor**  Click or tap here to enter text. Department of Click or tap here to enter text. Click or tap here to enter text. The University of Mississippi Click or tap here to enter text. |

**Description:**  
Click or tap here to enter text.

**Cost and Payments:**  
Click or tap here to enter text.

**Risks and Benefits:**  
Click or tap here to enter text.

**Confidentiality:**  
Click or tap here to enter text.

**Right to Withdraw:**   
Click or tap here to enter text.

**IRB Approval Statement:**   
This study has been reviewed and determined to be Exempt by UM’s Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

**Statement of Consent:**

I have read and understand the above information. By completing the survey/interview I consent to participate in the study, andI certify that I am 18 years of age or older.