Template**:** Participant Information Sheet for Exempt research

**Instructions:** Please modify the following information as necessary.
[Blue text in brackets] is for you to fill in.

**Northeastern University, [Department]**

**Name of Investigator(s):** [Principal Investigator’s name, Student Researcher’s name]

**Title of Project:** [Title]

**Funded by:** [funder] If no external funding source, Northeastern University

Version date: [date]

We are inviting you to participate in a research study. Participating is voluntary; you do not have to participate if you do not want to. You can withdraw from the study at any time.

The purpose of this study is to [briefly describe purpose of the study]. Participating in this research study will include [briefly describe research procedures, including an overview of the topics of any surveys/interviews]. The [research procedure] will take about [duration] to complete.

For surveys/interviews: You can skip questions that you do not want to answer or stop the [survey/interview] at any time.

For focus groups: You can skip questions that you do not want to answer or leave the group at any time. We will ask you and the other people in the group to use only first names during the focus group. Please do not to tell anyone outside the group what any particular person said. However, we cannot guarantee that each participant will keep the discussions private.

If audio or video recording: We are asking your permission to [audio or video] record the [activity]. If you agree to being recorded, please let us know.

If identifying information is collected: Your part in this study will be confidential. Only the researchers on this study will see the information about you. Personal identifiers will not be published or presented.

If identifying information is NOT collected: We are not connecting any identifiable information about you (like your name) with any of the research data. That means no one, not even the researchers, will know that the answers you give are from you. If there are open-ended responses: Please don’t type in any information that could identify you, like your name.

If participants will be paid or receive a gift, state the payment amount, payment method, and when it will be given.

If you have any questions about this study, please contact [name and contact information], the person mainly responsible for the research. You can also contact [name and contact information], the Principal Investigator.

If you have any questions about your rights in this research, you can contact the Northeastern University Department of Human Research at Tel: (773) 396-2327, or Email: IRBReview@northeastern.edu . You may call anonymously if you want.