

**SOUTHERN ILLINOIS UNIVERSITY**  
**EDWARDSVILLE**

**RESEARCH PARTICIPANT NOTIFICATION**

[List other facilities in which research will take place, if applicable]

1. [Name(s) and rank(s) of Investigator(s)] is/are inviting you to participate in this research study.
2. The title of this study is [title of study]. The purpose of this study is to [explain the purpose and justification of the research].
3. Your participation in this study will involve [describe the subject's participation and duration in the research].
4. The risks to you as a participant are minimal. These include [describe the risks associated with the study and what will be done to minimize these risks].
5. The results of this study may be published in scientific research journals or presented at professional conferences. However, your name and identity will not be revealed and your record will remain [anonymous OR confidential]. [Describe the steps to be taken to protect anonymity OR confidentiality].
6. Participation in this study may/will benefit you by [state the benefit(s) to the participant. Incentives and/or compensation should NOT be listed as benefits]. If participants will not receive any direct benefit from the study, state so [Participation in this study will not benefit you directly]. Your participation [may/will] benefit others by [describe the benefit(s) to society].
7. You can choose not to participate. If you decide not to participate, there will not be a penalty to you or loss of any benefits to which you are otherwise entitled. You may withdraw from this study at any time.
8. If you have questions about this research study, you can call [name of investigator(s)] at [provide a phone number]. If you have questions about your rights as a research participant, you can call the SIUE Institutional Review Board at 618-650-3010 or email at [researchcompliance@siue.edu](mailto:researchcompliance@siue.edu).