

**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 are using Audio/Visual Recording]: **You will be audiotaped, videotaped, and/or digitally recorded as part of your participation in this research study. These recordings will be viewed and/or listened to by members of the research team to transcribe, code, and analyze data collected for the study. We may present findings from the study in classroom and professional settings. Your consent in these areas is completely voluntary. Lack of consent will not affect your participation in this study. If recordings of you are used in any of these contexts, anonymity will be maintained. No identifying information (such as full names) will be used. In addition, if you agree to allow us to use the recordings for any of these purposes, we will keep the recordings for an indefinite period of**

time. If you do NOT consent to any of these uses of the recordings, they will be destroyed upon completion of the study.

9. 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).