**LETTER OF INFORMATION**

**TO TAKE PART IN RESEARCH**

*Letter of Information Template Version Jan 2019*

*Use this letter of information template if you are requesting waiver of documentation of consent from the IRB. Check the IRB website to see if any of the other templates matches your study. Replace the blue text below with study specific information and delete these instructions before submitting.*

**Study Title:** <protocol title>

**Principal Investigator:** <PI Name, position, department, school>

**IRB Number: HSC-**XXX-XX-XXXX

The purpose of this study is to see if state purpose here. You are invited to take part in this study because add qualifying criteria. This study will help us better understand condition/situation/treatment.

If you agree to participate, you will be asked to add all the procedures in chronological order here and list the time commitment (how much time per visit and how many visits over how much time).

The risks to participating in this study are list all risks here. You may not receive any benefits from participating in this study.

There are no costs to you and you will not be paid to take part in this study. You will not be personally identified in any reports or publications that may result from this study. Any personal information about you that is gathered during this study will remain confidential to the extent of the law.

You can refuse to answer any questions asked or written on any forms. Your participation in this study is voluntary. A decision not to take part in this study will not change the services available to you from the PI or study staff.

If you have any questions about this project please contact PI Name at (XXX) XXX-XXXX.

This research project has been reviewed by the Committee for the Protection of Human Subjects (CPHS) of the University of Texas Health Science Center at Houston, HSC-XX-XX-XXXX. For any questions about your rights as a research subject, please call CPHS at (713) 500-7943.