**RESEARCH INFORMATION SHEET (TEMPLATE VERSION: 10/4/16)**

Note: Form should be formatted in at least 12 point font (times new roman) or equivalent.

**[All instructions (in RED) and text not applicable to the research should be deleted when the form is modified for use on a particular study]**

Children’s Hospital Los Angeles

**RESEARCH INFORMATION SHEET**

[Insert title of study]

 [If study title is technical, add lay language title]

[If the study involves using different forms for different populations, identify the population group as a subtitle]

You are invited to participate in a research study conducted by [insert name and degrees of Principal Investigator] from the [insert department/division affiliation] at Children’s Hospital Los Angeles (CHLA) [insert other institutions as appropriate]. This research is sponsored by [Insert name of sponsor, or remove sentence if inapplicable]. Participation in this study is completely voluntary.

The purpose of the study is [explain the purpose of the research in lay language]. If you volunteer to participate in this study, your participation will last [describe duration of subject participation] and involve [describe the procedures chronologically using lay language].

[Suggested text to add if study includes pregnancy testing of minors]

Your pregnancy test results will not be shared with your parent(s).

[Suggested text to add if study includes HIV/STI testing of minors]

If your HIV/Sexually Transmitted Infection (STI) test is positive and you are at least 12 years of age, we will not share the results with your parent(s) unless you tell us we can. If your HIV/Sexually Transmitted Infection (STI) test is positive and you are under the age of 12, the results will be shared with your parent(s).

This research involves the potential risk of accidental release of confidential information. [List any other associated risks, if applicable]. [Describe any direct benefits. If no direct benefit, please include the following:]You should not expect any direct benefit as a result of participating in this research.

[Describe any anticipated benefits, if any, to science or society expected from the research]. [Describe any alternatives to participation. If no other alternatives, please include the following:]The alternative to participation is to not participate.

[If the subject will receive payment, describe].

[If the payment is expected to reach $600 or more in a calendar year, please include the following:]In order to receive payments, a valid social security number must be provided to the study team. It is the recipient’s responsibility to cover any taxes due as a result of these payments. You have the right to decline payments if you wish.

[Describe any financial obligations of the subject. If none, please state so].

Only the research team [and list any others, if applicable] will know that you are a research subject and have access to the information you provide. None of the information will be disclosed to others; except if necessary to protect your rights or welfare or if required by law (i.e., harm to self or others, reports of certain infectious diseases). You will not be identified in publications of the research results. Authorized representatives of the Department of Health and Human Services (if applicable) and the CHLA Institutional Review Board may review subject records but are bound by rules of confidentiality not to reveal your identity.

Your choice about whether or not to participate will have no effect on your care, services or benefits [or employment, academic evaluation, etc. if applicable] at Children’s Hospital Los Angeles. If you agree to participate, but later decide to withdraw from this study, you may do so without affecting your rights to health care, services or other benefits at CHLA. If you withdraw from the study early, you may be asked to complete the following activities [list reasons or remove this sentence if inapplicable].

You may be removed from the study by the investigator for the following reasons [list reasons or remove if inapplicable].

If you have questions about the research or wish to report a concern or complaint about the research, the Principal Investigator, [name of PI] may be reached at [phone number]. You may withdraw from this study at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding the rights of research subjects or if you have complaints or concerns about the research and cannot reach the Principal Investigator; or just want to talk to someone other than the Investigator, you may call the CHLA Human Subjects Protection Program at (323) 361-2265.