**Directions for use of this template:**

1. Save this template to your computer.
2. Insert information specific for your study where the form says to “insert.”
3. Delete all parentheses, and text that does not apply to your study.
4. Delete these directions
5. Submit the ad text to IRB-HSR for approval

REMEMBER IF YOU ARE RECRUITNG CHILDREN, PARENTS MUST BE CONTACTED AND

GIVE PERMISSION FOR THEIR CHILD TO BE APPROACHED PRIOR TO CONTACT WITH THE CHILD

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Hello,

I am sending this email on behalf of members of the University of Virginia Department of x. They want you (and your child/adolescent etc.) to know about a study that is being conducted at UVA.

The purpose of this research study is to (*insert a description in lay language)*. The study will involve (*insert information regarding the time commitment, and major study procedures.)* Compensation is *(insert).*

*Choose one:*

You do not have to be in this study if you do not want to participate

OR

You do not have to allow your child to be in this study [add if applicable] if your child does not wish to participate.

Your decision to be in any study/ allow your child to be in this study is totally voluntary. Your care at UVA will not be changed if you decide not to participate in this research.

***If a teacher or principal sending the email, add****:* The relationship I have with you and your child will not be affected by your decision. Your child’s grades will not be affected by your decision. No extra credit will be given for study participation.

***If a PCP is sending this email add:***The relationship I have with you and your child will not be affected by your decision.

***If a coach is sending the email add:***The relationship I have with you and your child will not be affected by your decision. Your child’s/adolescent’s position on the team will not be affected by your decision.

If you are interested in learning more about the study, please *(insert instructions from the choices below or insert your own instructions. (NOTE do not ask a patient to send health information via email. This would be against UVA data security rules).*

* contact (*insert study team contact information*)
* review the attached consent form and call the study team contact provided so that a researcher can talk with you about the study and answer your questions.

Thank you for your time,

*Signature of sender*

Name of sender

Title of sender

Study Title: (*insert title)*

Principal Investigator: *Insert name*

IRB-HSR *# : (insert)*