Directions for use of this template:

1. Insert information specific for your study where the form says to “insert.”
2. Delete all parentheses and text that does not apply to your study.
3. Submit the ad text through the online submission link found at
4. [www.uvahealth.com/clinicaltrials](http://www.uvahealth.com/clinicaltrials )
5. USE LAY LANGUAGE. DO NOT COPY AND PASTE FROM PROTOCOL.

Once approved, the IRB will post to the Clinical Trials listing website. The ads do not expire and will be displayed until the study status is changed to Closed to Enrollment.

Non-UVA IRB studies: Please submit IRB approval with ad submission.

When you receive your approval, please take the time to verify your ad is posted correctly on this website: <https://uvahealth.com/clinicaltrials/> If not, please contact the IRB. Please note, UVA Health Web Support IT (Web Development) is responsible for the data feed from IRB Online's database to the UVA Health Clinical Trials Website.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***Headline:** (*Insert) (This is the ad title. 300 character limit, including spaces.)*

*Examples: Research Study for those with (insert)*

*Adults with x invited to be in a research study*

IRB/UVA Tracking #: *(insert)*

**PI Name:** Automatically pulled from IRB Online – no need to complete this section

**Contact Name:** (insert) (Leave blank if study will use a general contact such as xxxstudy@email or phone number. Please include in study description.)

**Contact Email:** Automatically pulled from IRB Online – no need to complete this section

**Contact Phone:** Automatically pulled from IRB Online – no need to complete this section

**Trial Title –**Automatically pulled from IRB Online – no need to complete this section

**Study Description:** (*Complete using* *LAY LANGUAGE*)

The (department, division name) seeks (insert as applies: adults/men/women/adolescents/children) ages (insert) with (insert condition) for a research study. The purpose of the study is (insert purpose of study - eg.to test the effectiveness of an investigational medicine; or to find out how stress effects blood pressure.)

(Optional)You may be eligible for this study if: (insert brief eligibility criteria 3 or 4 top criteria and in lay language. Do not copy eligibility criteria from the protocol)

Study involves (insert procedures-examples: taking an experimental medicine/placebo, blood draws, x rays, overnight stays,) (Insert x number of visits every x (weeks, months,) each visit lasting x amount of time or give range).

Insert one of the following:

Study-related (insert exams, tests and experimental medication) provided at no cost.

or

Participant’s insurance company will be billed for medication, tests and procedures

**Compensation**: (insert)(“none” or numerical amount. If total sum is large, consider payment per visit.)

**Keywords:** Selected from Drop Down list on Submission Form – No need to list here

**Categories:** Selected from Drop Down list on Submission Form – No need to list here