Title of Study:

Statement of thanks:

Summary of study:  
(State the purpose of the study, what was done, and why it was done)

Whom to contact for more information:  
If you have questions about this study, or if you would like to receive a summary report of this research when it is completed, please contact [PI’s and CI’s names, emails & phone #s].

Whom to contact about your rights in this experiment:
Dr. Lisa I. Karch, Chair of MSUM Institutional Research Board, lisa.karch@mnstate.edu, phone: 218-477-2699.

If you feel that you are experiencing adverse consequences from this study:  
(List counseling centers, hot-lines, and/or other support contacts, if applicable).

If you are interested in learning more about the topic of this research project you may want to consult:

Thank you again for your participation.

Name(s) of Investigator(s)