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| **Study Title** | | |
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| You are being asked to voluntarily participate in this survey research study. The purpose of the study is to understand      . You are eligible to participate because      . We expect at least **number** will participate in the survey in **location**.  **I**f you agree to participate, your participation will involve completing a survey. It should take no more than **estimated time**. You may choose not to answer some or all of the questions. Your name will not appear on your completed survey, and no identifying information is being collected as part of this survey.  Any questions you have will be answered. You may leave the survey at any time before completing it. Whether you complete the survey or not will not affect your health care. There are no known risks from your participation. No direct benefit from your participation is expected. The information may help **e.g., how it will help whatever**. There is no cost to you except for your time. You will not be paid for participation in this study.  Only the study team will have access to the information that you provide, which will remain anonymous. Data from all respondents will be summarized in reports.  You can obtain further information from the Principal Investigator,      . If you have questions concerning your rights as a research subject, you may call the KFMC Institutional Review Board office at (011) 288-9999 extension 26913.  Completing this survey indicates your voluntary agreement to participate. By participating in the survey, you are giving permission for the investigator to use your information for research purposes.  Thank you. | | |
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| **PI or Researcher Name** |  | |
| **Signature & Stamp (if applicable)** |  | |
| **Address** |  | |
| **Contact Number** |  | |