**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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The UVA Health System Department of (*insert*) is conducting a research study about *(insert*).

I obtained your contact information (*insert how)*  UVA is committed to protecting your privacy but also committed to providing patients with information about research opportunities in which they may want to participate. To meet both of these goals we follow the Federal Privacy Law (HIPAA). I want to assure you that your information is confidential within 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).*

You do not have to be in this study if you do not want to participate. Your decision to be in any study is totally voluntary. Your care at UVA will not be altered by your decision to participate or not participate.

If you are interested in learning more about the study, please *(insert instructions from the choices below or insert your own instructions). (OF NOTE: do not request that patient send health information via email. This would be against UVA privacy rules.)*

* contact (*insert*)
* review the attached consent form and call the numbers below 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

**Principal Investigator:** *Insert name*

Study Title: (*insert title)*

IRB-HSR *# : (insert)*