For use in the Intro Psych Subject Pool, this form may be copied to create your consent form.

## INFORMATION SHEET

**TITLE OF THE RESEARCH PROJECT HUM#**

Principal Investigator: **[Name, credentials, institutional affiliation]** Co-investigator: **[Name, credentials, institutional affiliation]** Faculty Advisor: **[Name, credentials, institutional affiliation]** Study Sponsor: **[If any]**

Who can participate in this study: **[details]**

You are invited to participate in a research study about **[details]**

If you agree to be part of the research study, you will be asked to **[details]**

Benefits of the research **[details]** Risks and discomforts **[details]** Compensation **[details]**

# For the Psychology Intro Psych Subject Pool, include the following statement: You will earn X Subject Pool Credit for your participation.

**[Include the following paragraph if participants will receive incentive payments]**

# Please Note: The Psychology Intro Psych Subject Pool **does not allow** for monetary payment except in situations where the research warrants (research on the human behavior of gambling for example). When the research warrants, the payment can be no more than $10.00/participant.

If you receive any payments for taking part in this study, the University of Michigan finance department will need your name and address for tax reporting purposes. In a calendar year if: 1) your payments total greater than $400 for this study or 2) if you receive payments of greater than $400 for being in more than one study, the University of Michigan finance department will also require your Social Security Number for tax reporting purposes. If you do not wish to provide your Social Security Number, you may continue to participate in research studies, but you will not be able to receive payment for the remainder of the calendar year.

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to **[details: e.g., answer any survey question, continue with the interview]** for any reason.

**[For projects involving deception or incomplete disclosure]** As part of the research, we may mislead you or we may not tell you everything about the purpose of the research or research procedures. At the conclusion of the study, we will provide you with that information.

**[For projects that collect identifiable data and are funded by the NIH, or projects that will apply for a Certificate of Confidentiality from the NIH]** This research holds a [Certificate of Confidentiality](https://grants.nih.gov/policy/humansubjects/coc.htm) (CoC) from

the National Institutes of Health (NIH). This means that we cannot be forced to disclose any research information that may identify you, even under a court subpoena. In general, we will use the CoC to resist any demands for information that would identify you, except in the following cases:

* For anything you give consent for the researchers to disclose,
* If you share anything that by Federal, State, or Local law we must report to officials,
* For auditing by the U-M Institutional Review Board or the NIH, or
* For any research records you authorize us to release to others

**[For exempt 2 or 3 projects that collect sensitive and identifiable data]** I/We will protect the confidentiality of your research records by [explain].

**[For projects that will use cloud storage for data, include the following language (modify, as needed)]** Your research information will be stored electronically on the cloud; the term “cloud” refers to large computers located in different parts of the world where individuals may keep and remotely access their personal and professional files. Each cloud service has its own policies and methods for preventing unauthorized individuals from accessing files stored on their cloud servers. The cloud service used to store files associated with this study meets University of Michigan protection standards.

**[For exempt 2 or 3 projects that collect sensitive and identifiable data and that will be protected by an NIH Certificate of Confidentiality (CoC)]** In addition, this research holds a [Certificate of Confidentiality](https://grants.nih.gov/policy/humansubjects/coc.htm) (CoC) from the National Institutes of Health (NIH). This means that we cannot be forced to disclose any research information that may identify you, even under a court subpoena. In general, we will use the CoC to resist any demands for information that would identify you, except in the following cases:

* For anything you give consent for the researchers to disclose,
* If you share anything that by Federal, State, or Local law we must report to officials,
* For auditing by the U-M Institutional Review Board or the NIH, or
* For any research records you authorize us to release to others

## [Adult Abuse - Michigan law requires the reporting by certain persons of actual or suspected adult abuse, neglect, or exploitation. Required reporters include physicians, nurses, therapists, and other persons employed by healthcare institutions. More information about required reporting is available [here](http://www.legislature.mi.gov/%28S%2805je2555daxqvkmg2xxdpsfh%29%29/mileg.aspx?page=GetObject&objectname=mcl-400-11a). A study team may consist entirely of required reporters, a combination of required and non- required reporters, or entirely of non-required reporters. The following language should be inserted if actual or suspected adult abuse, neglect, or exploitation may be revealed during this study.]

If you tell us or we learn something that makes us believe that you or others have been or may be abused, neglected, or exploited, we may, and in some cases must, report that information to the appropriate agencies.

## [Child Abuse – The University of Michigan Minors in Research (MiR) policy requires all study team members (including university employees, students, and volunteers) who interact with minors participating as subjects in university-sponsored research to adhere to the policy, including reporting actual or suspected child abuse or neglect of any adult responsible for the child’s health and welfare. Additional information may be found [here](https://childrenoncampus.umich.edu/researchers/). In addition, Michigan law requires the reporting of actual or suspected child abuse or neglect by certain persons (called mandated reporters). Mandated reporters include physicians, nurses, therapists, and other medical professionals. A complete list may be found [here](http://michigan.gov/dhs/0%2C4562%2C7-124-7119_50648_44443-157836--%2C00.html). A study team may consist entirely of mandated reporters, a combination of mandated and non- mandated reporters, or entirely of non-mandated reporters. The following language should be inserted if actual or suspected child abuse may be revealed during this study.]

If you tell us or we learn something that makes us believe that your child or others have been or may be abused or neglected, we may, and in some cases must, report that information to the appropriate agencies.

**[If applicable]** Information collected in this project may be shared with other researchers, but we will not share any information that could identify you.

## [For projects that will use cloud storage for data, include the following language (modify, as needed)]

Your research information will be stored electronically on the cloud; the term “cloud” refers to large computers located in different parts of the world where individuals may keep and remotely access their personal and professional files. Each cloud service has its own policies and methods for preventing unauthorized individuals from accessing files stored on their cloud servers. The cloud service used to store files associated with this study meets University of Michigan protection standards.

ENDING THE STUDY:

# For the Psychology Intro Psych Subject Pool, include the following: The Researcher should also Debrief you before leaving the study. For online studies you may request a Debriefing form by emailing subject.pool@umich.edu.

For the Psychology Intro Psych Subject Pool, include the following statement: You may choose to submit Alternative Writing Assignments or an Applied Research Reflection in lieu of participation.

If you have questions about this research study, please contact **[name, contact information for PI (include faculty advisor name and contact information if PI is a student)]**.

**Intro Psych Subject Pool, email:** subject.pool@umich.edu

# For the Psychology Intro Psych Subject Pool, include the following: For in-person studies the participant may ask for a copy of the consent form. For online studies the participant can email: subject.pool@umich.edu and the SPool Coordinator will provide one.

As part of their review, the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences has determined that this study is no more than minimal risk and exempt from on-going IRB oversight*.*