**Wright State University**

**Key Information Summary Consent Template**

**Instructions for this template:**

1. A Key Information Summary must be on the first page of any federally-funded study approved on or after January 21, 2019. This summary should replace the Introduction Section in the appropriate Consent/Authorization template and be no longer than one page. The content of this summary should not be repeated in the main body of the consent form – unless it is just a part of a larger section (i.e., risks).
2. Highlightedor **red font** gives directions/guidelines. **Delete these instructions and all grey highlighted text before finalizing the document.**
3. Consent forms should be written at an appropriate reading level to ensure that the subject matter is accessible to the target population.
4. Plain text is **suggested/sample** wording. Plain text separated by ***OR*** indicates that there are several options. Pick one and delete the others.

**Key Information Summary**

The purpose of this consent form is to give you information about this research study. It is up to you to decide whether to take part in this study. If you choose not to participate your decision will not affect your current or future relationship with Wright State University.If you decide to participate, you are free to withdraw at any time without affecting that relationship.

**Insert protocol specific text in lay language to explain study purpose. For example:**

The purpose of this study is to …compare standard treatment, combined with drug X, to standard treatment plus a placebo. The use of drug X in this study is considered investigational, meaning it has not been approved by the FDA for marketing in the United States for the use being testing in this research.

If you agree to be in this study the following will happen:

* **Insert simplified list of procedures/interactions/interventions**

Your participation in this study will take up to (insert expected duration of subject participation i.e., 4 hours, one week, three years).

Potential risks you may experience include:

* **Insert list of common risks or discomforts and include statement to indicate where complete list of risk is within the consent form.**

You may not benefit by participating in this study. However, the information gain may be helpful to others.

**OR**

The possible benefits of this study include (insert description of potential benefits).

The alternative to participating in this study is/are**….(insert alternatives to participation).**