**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

|  |
| --- |
| DO NOT REPLY DIRECTLY TO THIS EMAIL – USE THE CONTACT INFORMATION BELOW  The UVA Health System Department of (*Insert*) seeks (*choose* adults, women, men, children or adolescents *etc.)* ages x to y with (*insert condition such as Indigestion, Heart attack in the last 6- months, Lung Cancer*) for a research study.  The purpose of the research study is (insert- example to see if a new experimental drug is as good as the old drug x; or to find out how stress effects blood pressure; etc.) The study involves (Insert procedures-examples: taking an experimental medicine/placebo, blood draws, x rays, overnight stays,) , including (Insert x number of visits every x (weeks, months,) each visit lasting x amount of time or give range).  Insert Information (one or more of the following may apply)   * Study-related (insert exams, tests and experimental medication) provided free of change. * Participant’s insurance company will be billed for medication, tests and procedures.   Insert compensation information   * Compensation for study completion is insert type/amount of compensation * No compensation is provided for this study.   For more information please contact:   * *Insert coordinator or primary contact* * *Insert contact info, phone, e-mail etc.* * IRB-HSR # *insert*   **Principal Investigator:** *Insert name* |