Edward Via College of Osteopathic Medicine

Participants Needed for a Research Study

**TITLE OF STUDY (AS PRESENTED TO THE VCOM IRB)**

[Brief abstract/summary of project. Should be one (1) paragraph in length and summarize the reason for the conduction of the study.]

**To participate in this study:**

[Study participation parameters: include any and all criteria for participation in this study. Also include criteria for exclusion from the study. Be brief but informative. This should be no longer than one (1) paragraph in length.]

**Study location**: [list here (in paragraph form) the location(s) where the components of the study will take place. Include EACH aspect of the study and the physical location.]

Benefits of participation: [One to two sentences (if applicable)]

**Contact Information:**

If you are interested in participating, or would like more information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[In the section above, list contact information for the primary researcher who will be conducting this study. Additionally, let potential participants know for which aspects of the study they will need to use the contact information.]

*This research is being conducted under the direction of [PI Name, Title, Affiliation], and has been reviewed and approved by the VCOM Institutional Review Board (VCOM IRB #\_\_\_\_-\_\_\_).”*