**RESEARCH PARTICIPANTS NEEDED**

<ENTER Host Department & Institution by Clicking here>

Enter today’s date

|  |  |
| --- | --- |
| Investigator(s): | <ENTER Investigator Name(s)> |
| Study Title: | <Enter Study Title> |
| Protocol ID: | Enter N/A if you do not know |
| Expiration: | Leave Blank |

**Study Description**

<Type or Paste from text>

**Target Participant Pool**

<Type or Paste from text>

**Additional Information**

<Type or Paste from text>

**Contact Information**

<Type or Paste from text>

\*\*\*THIS FLYER HAS NOT BEEN APPROVED\*\*\*

**INSTITUTIONAL REVIEW BOARD**

Middle Tennessee State University, 2269 Middle Tennessee Blvd, Murfreesboro, TN 37129

URL: [www.mtsu.edu/irb](http://www.mtsu.edu/irb) – Tel: 615 898 2400 – Email: [irb\_information@mtsu.edu](mailto:irb_information@mtsu.edu)

**INSTRUCTIONS**

Fixed Text Fields

The following fields are fixed and the user will not be able to alter the font

**Date** – Enter “today’s” date using this pull down calendar

**Investigator Name(s)** – List all of the investigators you wish to be displayed on this flyer. Although the name of the PI must be listed, the other names are optional

**Study Title** – Enter the title of your study.

**Protocol ID and Expiration** – Please leave these fields vacant during initial submission. An ID will be issued once the pre-review has been conducted cleared and the date of expiration will be issued upon protocol approval

Free Text Fields

The following fields are in rich text format. The user will be able to either enter the text directly or paste from a previously formatted text.

**Study Description** – Provide a brief summary of what you want your participants to know about this study.

**Target Participant Pool** – Explain who are looking to enroll in your study.

**Additional Information** – List any discomforts, time duration, other types of commitments, possible compensation for participation, exclusion criteria, warnings and other types of disclosures you wish to make upfront so that the participants are aware of the requirements before they enroll. If you receive funding for this study, indicate the funding ID information here.

**Contact Information** – Provide your contact information including email address and phone number. If you are requesting the participants to visit a website to enroll, then provide the URL here as well.

Once the protocol is approved, the IRB office will remove the non-compliance notice and return this flyer along with the approval notification.