**IRBF007 – PARTICIPANT RECRUITMENT FLYER/POSTER**

All the fields are mandatory. The IRB will not make changes to the font size or style. No images will be allowed and there will be no exceptions to all the requirements. The IRB may impose additional restrictions and requirements during the review. This front page will be removed along with other unnecessary text from the approved IRB flyer.

**INSTRUCTIONS**

**Tear sheet preference:** The researcher will indicate YES or NO for the tear sheets in the bottom of the flyer. If tear sheets are preferred, the researcher must also type the text to be displayed in each tear sheet. If additional segments are needed, the researcher must indicate that in an email and the IRB administrator will attempt to meet the investigators’ preference. The tear sheet will be removed if the researcher indicated by checking NO.

**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 and the date of expiration will be issued upon protocol approval.

**Study Description & Purpose** – Provide a brief summary of what you want your participants to know about this study. An easy-to-read account of the procedures and interventions from the description section of the informed consent is strongly recommended.

**Target Participant Pool** – Explain who are looking to enroll in your study. Describe all inclusion/exclusion criteria to let the potential subjects know who may be eligible to participate.

**Risks & Benefits –**

**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 UR.

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| Fill All the fields; The IRB will reformat and resize to fit the flyer within one page  Do you plan to use tear sheets:  YES  NO If yes, fill one of the tear sheet boxes below  Research Participants Needed   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Study Title: | Enter the Protocol Title | | | | | | | | **Protocol ID** | YY-X### N/A if unavailable |  | **Approval** | MM-DD-YYYY | **Expiration** | MM-DD-YYYY | | | | | | | | | | |
| **Study Description & Purpose**  Provide a brief summary of what you want your participants to know about this study; Mirror the information provided in the informed consent.  **Target Population**  Explain who are looking to enroll in this study including any inclusion/exclusion criteria.  **Risk & Benefits**  List potential discomforts, time and other types of commitments, warnings and other types of disclosures you wish to make upfront so the participants can make an informed decision.  **Additional Information**  Other disclosures, sponsor/funding information, compensation for participation and other disclosures.  **Contact Information**  Name, Title, Department, Telephone, and Email ID  Faculty Advisor contact if PI is a student (Name, Title, Department, Telephone & Email ID)  \*\*\*THIS FLYER HAS NOT BEEN APPROVED\*\*\*  Institutional Review Board, Middle Tennessee State University  2269 Middle Tennessee Blvd, Room 010A, Murfreesboro, TN 37132  Tel 615 494 8918 | Email: [irb\_information@mtsu.edu](mailto:irb_information@mtsu.edu) | [www.mtsu.edu/irb](http://www.mtsu.edu/irb) | | | | | | | | | |
| \*\*\*Fill one of the tear text boxes and the IRB office will populate the other boxes during approval\*\*\* |  |  |  |  |  |  |  |  |  |