***SURVEY Sample “cover letter”***

Dear Participant,

I am a ***[student/staff/facultymember****]* at East Carolina University ( or *Vidant Medical, Carolina East, etc.)* in the ***[department name]*** department. I am asking you to take part in my research study entitled, *“****[include title of your research]****”*.

The purpose of this research is to...  ***[Tell the person, in lay terms, why the research is being conducted.]*** By doing this research, I hope to learn ***[enter what research question you hope to answer by conducting the research****]***.** Your participation is completely voluntary.

You are being invited to take part in this research because *[Indicate how this person was identified to take part in the research].* The amount of time it will take you to complete this

survey is *XXX [state in minutes, hours, or days]*.

If you agree to take part in this survey, you will be asked questions that relate to ***[include the types of questions that will be asked****.]*

This research is overseen by the ECU Institutional Review Board. Therefore some of the IRB members or the IRB staff may need to review my research data. ***However, the information you provide will not be linked to you (Include this statement only if true, otherwise state what the limits of confidentiality will be).***. Therefore, your responses cannot be traced back to you by anyone, including me *[****OR*** *]* ***Your identity will be evident to those individuals who see this information. However, I will take precautions to ensure that anyone not authorized to see your identity will not be given that information.]***

If you have questions about your rights when taking part in this research, call the Office of Research Integrity & Compliance (ORIC) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, call the Director of ORIC, at 252-744-1971 ***[for research studies conducted through Vidant Medical Center add…”and the Vidant Medical Center Risk Management Office at 252-847-5246”]*.**

You do not have to take part in this research, and you can stop at any time. If you decide you are willing to take part in this study, ***[continue on with the survey below OR check the AGREE box below and the research questions will appear….etc.]*.**

Thank you for taking the time to participate in my research.

Sincerely,*[Your name]*, Principal Investigator