|  |
| --- |
| Opt-Out Recruitment Template Version 1.0, 6/9/2023**GENERAL INSTRUCTIONS** – delete this box from the submitted scriptUse this template to create a recruitment opt-out letter or electronic message to send to potential subjects. In general, if potential subjects are patients at Boston Medical Center, the message should either be signed by someone who has a treatment relationship with the recipient OR include a reference to their treating provider after obtaining permission from their provider to use their name. In certain circumstances, if the eligibility criteria are broad (for example: “Adult patient seen in Adult Primary Care”), the letter may omit reference to a treating provider and instead reference that you obtained permission to contact potential subjects from the Clinic Director, Department Chair, or other relevant individual. This template is intended to be used as a guide; not all possible recruitment permutations are included in this template. Please edit the template as-needed to accurately represent your study. Please reach out to the IRB at medirb@bu.edu if you have any questions when using this template. Use this template to create an opt-out message for your study as follows:* Red text represents instructions to you – to be deleted from the final version. For example, when a sentence starts with “[Include if…],” you should read the red bracketed phrase, and either delete the whole sentence if not applicable to your study, or delete just the red bracketed phrase and retain the sentence if applicable to your study.
* Blue text represents guidance on suggested content – to be edited and changed to black or replaced with black in the final version.
* Black text represents text that should ordinarily be incorporated as-is, if applicable. The headings and the bulleted responses are required but are not read to the potential subject.

Options for conveying the required information:* Complete and print out this template with the included institutional logos.
* Incorporate the completed language into your electronic message.
* Incorporate the completed language into your own departmental-approved institutional letterhead.

The submitted version should have no red or blue text (including instruction boxes like this one) |

Dear Potential Subject’s Name,

We are writing to let you know about a research study being conducted at Boston Medical Center / Boston University Medical Campus entitled name of study. [Include if you are obtaining permission from treating providers to reach out to potential subject, or if the treating provider is also a member of the study team; otherwise delete] Your doctor, Dr. last name of potential participant’s provider, thought you might be interested in learning about this research study. [Include if you are obtaining some other form of permission to send recruitment information to potential subjects; otherwise delete] We have received permission from name/title of individual/title of entity to reach out to you to provide you with information about this study.

[Note: if eligibility is based on a potentially sensitive diagnosis, please modify the study purpose in the following paragraph to be non-specific to protect patient privacy] We are doing the research to a summary in lay language of the purpose of the study. We are contacting you to tell you about this study to see if you are interested in participating or hearing more. Participants in this study will an overview in lay language of what will happen in the study. Participants will be in the study for xx days, weeks, months. [Include if subjects will be given any payment or reimbursement; otherwise, delete paragraph] Participants in this study may receive up to $ X.

You do not need to do anything now. A member of the study team will call you in time frame for contact; 10-14 days is recommended to talk to you more about this study. If you are interested in learning more about this study, please keep this letter until you speak with a member of the study team on the phone.

If you do not want to be contacted by phone to hear more about this study, please call / email study team contact informationwithin 7 days of receiving this letter to let the research staff know. You may also contact research staff right away at this number if you are interested in participating and would like to learn more.

[Include if recipients are Boston Medical Center or Henry M. Goldman School of Dental Medicine Patient Treatment Center patients; otherwise delete] Please note that participation in this study is completely voluntary. If you are not interested in hearing more about this study, your treatment at Boston Medical Center / Henry M. Goldman School of Dental Medicine Patient Treatment Centers will not be affected by your decision in any way.

Thank you,

signature

Name of PI or appropriate study team member

Title

Department

Institution