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| Brief Screening Agreement Version 1.3, 4/14/2023  **GENERAL INSTRUCTIONS** – delete this box from the submitted agreement  Use this template to obtain agreement for screening that involves direct contact with potential subjects, unless the screening procedures involve any clinical procedures (use [Adult Consent Template](https://www.bumc.bu.edu/irb/files/2017/03/Adult-Consent-Form-Template.docx) or applicable [parental permission](https://www.bumc.bu.edu/irb/inspir-ii/irb-templates/) form) or involve retention of Protected Health Information (PHI) that does not qualify for a waiver or alteration of authorization (use [Screening Questions Full Consent Template](https://www.bumc.bu.edu/irb/files/2017/03/Screening-Questions-Full-Consent-Template.docx)). No signature is required when this brief screening agreement template is used.   * Red text represents instructions to you – to be deleted from the final version * Blue text represents guidance on suggested content – to be edited and changed to black or replaced with black in the final version. The language should be understandable at an 8th grade reading level. * Black text represents text that should ordinarily be incorporated as-is, if applicable   Options for conveying the required information:   * Complete and print out this template. * Incorporate the completed language into the first page of your printed screening questionnaire. * Provide the completed language electronically (as an email, electronic survey, etc.) * Provide the completed language orally (in person or over the phone) – this option is acceptable if the subject already has contact information such as from a recruitment brochure or email.   Be sure there is no red or blue text (including this instruction box) in your submitted version. |

BRIEF SCREENING AGREEMENT SHEET

You are being asked to voluntarily give us some information to see if you might qualify to be enrolled in a research study. We are doing the research study brief explanation of the purpose of the study. We are asking to see if you qualify for this study because a one-sentence summary in lay language of why the subject might be eligible for the study. If you agree, we will ask you to brief explanation of what the screening involves, including any possible discomfort at answering personal questions.

[Include A, B, or C]

[A. Include if identifiable screening information will be retained if eligible; otherwise, delete paragraph] If you qualify for the study and decide to join, the information that we get from you will become part of your study record. If you do not qualify or decide not to join the study, the information that we get from you describe how the data will be used, stored, and eventually destroyed.

[B. Include if identifiers will be kept (but un-linked to screening answers) – for example, to identify people who you will not approach again; otherwise delete paragraph] We will keep your answers to the questions in a form that doesn’t have your name on it. The only form that will have your name on it will just say if you do or do not qualify to be in the study, but not why or why not.

[C. Include if link between identifiers and screening information will be destroyed after determining eligibility; otherwise, delete paragraph] The information that you give us will be used to see if you can be in the study. We will use this information to determine if you qualify to be in the study. We will not keep it linked to your name or other identifiers.

Saying yes to this screening does not mean you have to agree to be in the study. If you have any questions, please ask them now or at any time you can contact name, email, and phone number of research team member.