***Note:*** *(To be deleted before submission)*

1. *Once approved, please copy the content of this document to the online survey app.*
2. *All the italic blue colour font should be replaced with appropriate answers*
3. *The red colour text is provided for guidance only. It should be deleted after completing the template (*

# **Title:** Insert Project Title

This communication is to invite you to participate in Primary Health Care Corporation (PHCC) Institutional Review Board (IRB) approved research study (BUHOOTH-D-000XX). Further details about the study are provided below.

## Study background

*Click or tap here to enter text. Insert no more than 2-5 sentence background of project*

The aim of this study is to *Click or tap here to enter text. insert project aim (1-2 sentences*

## Consent Form

You are invited to participate in a research study titled “*Click or tap here to enter text. Insert project title*” being conducted by Click or tap here to enter text. Insert PHCC PI/Site Investigator name from *Click or tap here to enter text. Insert PI affiliation*. The conduct of this study will adhere to the PHCC IRB approved protocol.

The IRB approved approach to invite individuals for the study is by sending a *Click or tap here to enter text. Insert communication type “SMS/EMAIL”* with a link to an online questionnaire. You can access the survey by clicking the “I agree/ Continue/ Next” button at the end of this introductory page. Before agreeing to participate in the survey, please note the following:

* Your participation is completely voluntary.
* We appreciate your voluntary contribution to science by participating in this research. However, if you are employed by PHCC, this is not an official work task.
* The questionnaire includes *Click or tap here to enter text. Insert the number of questions*.
* Completing the questionnaire will approximately take *Click or tap here to enter text. Insert number of minutes* minutes.
* Your responses will be completely anonymised. The research team will not have access to your personal details. *[This item should be deleted if you are collecting personal identifiers like name, email, phone number… etc. In this case the type of identifiers should be listed and the reason for collecting them disclosed to the participant]*
* The collected data will remain confidential and anonymous. Records will be monitored and may be audited by the IRB while assuring confidentiality.
* The anonymized results of the study will be presented or published in various media such as oral presentations, media articles, research paper.
* You will not receive payment for participation in this study.
* There are no risks with participating in this study.
* If you voluntarily consent to take part in this study and change your mind later, you can withdraw from the remaining research activities (if any) at any time without consequences of any kind. Refusal to participate or withdrawal from the study will involve no penalty or loss of benefits to which the subject is otherwise entitled, and neither will it affect their relationship with PHCC or any other organisations.
* Since your participation in the survey is anonymous, you can ***NOT*** recall (delete) your responses once submitted. *[Please delete this item if identifiers are requested from participants]*

## Who should you contact if you have any questions about the study?

If you have any questions about the study, please contact Click or tap here to enter text. Insert the PHCC PI/PHCC Site Investigator name at Click or tap here to enter text. Insert the PHCC PI/PHCC Site Investigator phone number or at Click or tap here to enter text. Insert the PHCC PI/PHCC Site Investigator email address

## Who should you contact if you have any concerns or questions about your rights?

If you have concerns about the study or questions about your rights as a research participant, you can contact the PHCC IRB using the below contact details:

* Office phone (7 am -2 pm Sunday- Thursdays excluding public holidays) :40270971 or 40271102 or 40271030
* Email: [researchsection@phcc.gov.qa](mailto:researchsection@phcc.gov.qa)

Please note that by clicking the below button (I agree/ Continue / Next), you are ***voluntarily consenting*** to participate in the study.

***Note:***

1. *Please include a clickable button here (in the online survey app) with a title “I agree/ Continue / Next”.*
2. *Please attach your questionnaire in the next page to be reviewed by the IRB.*