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# Exempt Research Study Information Sheet

## Department of

### Title of Study:

### Investigator(s) and Contact Phone Number:

The purpose of this study is      . You are being asked to participate in the study because you meet the following criteria:      .

If you volunteer to participate in this study, you will be asked to do the following:      .

This study includes only minimal risks. The study will take        of your time. You be compensated for your time.

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-0020, or via email at IRB@unlv.edu.**

Your participation in this study is voluntary. You may withdraw at any time. You are encouraged to ask questions about this study at the beginning or any time during the research study.

#### Participant Consent:

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.