*This is a sample template for a Debriefing Form for studies involving deception/incomplete disclosure. The form is intended to provide participants with complete information about the intent of the research once their participation is complete (or they withdraw). The form is typically used in combination with a Permission to Use Data Form (included below), which allows participants the right to decide whether to have the data/information they provided for the study used by the investigator or withdrawn. Instructions are italicized in blue font. Remove the instructions, unwanted text, and underlines and reformat the final form to fit the protocol.*

**DEBRIEFING FORM/SCRIPT**  [Title of Study/protocol #]

Thank you for your participation in this research! It was important for this study that [I/we] [withhold some information from you/provide you with incorrect information] about the research. Now that your participation is complete, [I/we] will explain:

* what you were not told at the beginning when you agreed to participate,
* why it was important not to tell you; and
* how you have the opportunity to decide whether you agree to have your data/information included in this study.

[I/we] will also answer any questions you may have.

**What you should know about this study**

*(1) Provide a detailed description of the deception or omitted information. (2) Explain why the deception/omission of information was necessary.* Telling you full information in advance could have influenced your participation/responses which can result in invalid data.  *(3) Fully disclose all aspects of the study and participation.*

Please do not reveal the research procedures and/or full purpose of this study to anyone who might participate in the future. It could affect the results of the study.

**PERMISSION TO USE YOUR DATA/INFORMATION/SPECIMEN**

**Right to withdraw data**

You may choose to withdraw the data/information you provided for the study now that you know the full purpose of the research. You can do so without penalty or loss of any benefits to which you are otherwise entitled. *[If applicable]* You will still receive *[insert incentive/payment amount]* for your participation, even if you decide to withdraw your data/information.

Please document your decision about giving the investigator permission to use your data/information as part of the research:

 I give permission for the data/information collected from or about me to be included in the research study.

 I DO NOT give permission for the data/information collected from or about me to be included in the research study.

Your signature below indicates you have been debriefed and have had all of your questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed name of Participant Participant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Printed name of authorized study personnel Study personnel Signature Date