 [Insert Department]

DEBRIEFING STATEMENT

[Insert Title of Study]

*This form may be used for provide additional information to the participant at the end of the study.*

*Text that does not apply to your research should be deleted or modified as appropriate. The text is intended to be instructional rather than declarative. Be sure to delete all instructive text, which is in red, italicized font throughout the document, before submitting to the IRB for review. Sections highlighted in dark grey are fillable text fields you are expected to complete.*

**Researcher(s):** [Name of PI and Adviser]

[Thank the Participant]*Thank the participant for participating.*

Purpose of the Study

[Purpose of the Study]

*If deception/incomplete disclosure was used, explain the deception/incomplete disclosure:*

* + *Remind the participant of the reason originally given*
	+ *Clearly explain that the reason originally given is not the real object/purpose of the study*
	+ *Explain what the study is actually designed to test*
	+ *Explain why deception/incomplete disclosure was needed*

*If obtaining re-consent at time of debriefing:* Now that we have explained this study more fully, you may request that we not use the data we collected from you for this research study. If you decide that you do not want the researchers to use the data we collected from you, there is no penalty. *If applicable:* You will still receive compensation for this study.

*If the study is ongoing:* We urge you not to discuss this study with anyone else who is currently participating or might participate at a future time. As you can certainly appreciate, we will not be able to examine[Research Topic]in participants who know about the true purpose of the project beforehand.

Contact information

If you have any questions or concerns, you can contact the researcher(s) at [Contact Information] *provide contact information for yourself (and, if applicable, your faculty advisor) – provide, at a minimum, email address and phone number*

If you have questions about your rights as a research volunteer or would simply like to speak with someone other than the research team about concerns regarding this study, please contact the OSU IRB at (405) 744-3377 or irb@okstate.edu. All reports or correspondence will be kept confidential.

*If applicable:*

Additional Resources:

If following this study, you experience feelings of distress, please consult the below resources for psychological services and consultation.

*Insert resources with contact information: Some Samples are given below. Tailor to your study.*

*On Campus*

Psychological Services Center

118 N. Murray Hall

(405) 744-5975

http://psychology.okstate.edu/psc/index.html

University Counseling Services

320 Student Union

(405) 744-5458

http://www.okstate.edu/ucs/counselingservice.html

OSU University Health Services

(405) 744-5975

http://www.okstate.edu/UHS/uhsservices.htm#counselingservices

*Off Campus*

Edwin Fair Community Mental Health Center

712 Devon St.

Stillwater, OK 74074

(405) 372-6100

Stillwater Interfaith Counseling

306 W. 7th Ave

Stillwater, OK 74074

(405) 624-5840

Stillwater Domestic Violence Center (Rape Crisis Hotline)

115 E 4th Ave

Stillwater, OK 74074

(405) 624-3020

*If applicable:*

Final Report:

If you would like to receive a report of this study (or a summary of the findings) when it is completed, contact the researcher at the email address or phone number above.

*If applicable:*

Further Reading:

In the event you would like to read more about the topic of this study, here are several articles/books/references you might find interesting:

List the bibliographical information here