Template Instructions:

***Revise and include study details as necessary and applicable for the research study.*** *Do not include instructions in the final version. Introduction letters should ideally be 1 page in length, and should not exceed 2 pages. This letter could also be sent on the sender’s SickKids letterhead.*

**Template Version: Oct 31 2017**

Date (dd-mmm-yyyy)

Patient Name

Patient’s Address

Dear Patient/Parent/Family Caregiver,

***1st paragraph:*** *Introduce where the letter is coming from and why. Explain ‘Why are you being contacted?’:*The [clinic] at the Hospital for Sick Children is conducting a research study. You are being sent this letter because [explain why potential participant is being sent this introduction letter].

***2nd paragraph:*** *Explain the purpose of this research study. What is this study about? Please do not include exaggerated statements such as the study “will improve health care” or “cure a disease”:*

The purpose of this study is to [insert purpose of overall research study and how the purpose of the study will be achieved]. The results of this study will [insert how the results of this research study will be used/useful and why it is important; what the results will contribute].

***3rd paragraph:*** *Provide a brief description of the research study procedures and when it will be done. Descriptions do not need to be as detailed as in the consent form.*

This study involves [insert the research procedures, e.g. completing two online questionnaires about you/your child’s quality of life; collection of 10ml (two teaspoons) blood at your next clinic visit.] It will take about [how long will it take to complete these research procedures].

***4th paragraph****: What should participants do if they are not interested? What will be the next steps if potential participants are interested? Will they be approached in person? Via Telephone? Mail?*

If you are not interested and do not want to be approached regarding this research study please call or leave a message with [insert first name, last name] at [insert phone number] or email [insert SickKids email address]. You do not have to give reasons for not wanting to participate in the research study.

If we don’t hear from you within [time frame for opting out e.g., 2 to 3 weeks] of mailing this letter, [insert appropriate suggested follow up language below]

*Approached in person during clinic visit:*

A member of the study team will approach you during you/your child’s clinic visit to explain more about the study. If you are interested at that time, then we will obtain your consent to participate.

*If via telephone:*

A member of the study will call you within 2 to 3 weeks of mailing this letter during [insert time of day] to explain the study in depth and ask for your consent to participate. If applicable: If you consent, we will also complete the questionnaires/interview at that time.

*If via online:*

We will send you an email from a SickKids email account in [insert time frame]. The email will contain a link to a website that contains information about the study and the questionnaire/survey.

*If via mailing:*

We will mail you [insert documents that will be mailed] for your review. You will be asked to [insert what they will be asked to do, complete the questionnaire and mail back? Sign consent, complete questionnaire and mail back?].

Participation in any research study is voluntary. You do not have to participate in this research study if you/your child do/does not want to. You/your child’s decision will not affect the care you/your child receives at SickKids. If you/your child decide to participate in this study you/your child can change your mind at any time without giving a reason.

Thank you for considering participation in this study

Sincerely,

*For initial contact with potential participants,* *the signatory must be someone known to the potential participants unless otherwise approved by the Research Ethics Office.*

[Insert affiliation information]