**DIRECTIONS**

**Oral Script for Recruitment**

*This document is an example. There are various ways to set up this document. This is just one example for you to use.*

* Read the oral script and adapt according to your research.
	+ Adapt **ORANGE TEXT** to fit your research.
	+ Choose the appropriate statement in **GREEN TEXT** that applies to your research. Delete the other statement not being used.
	+ Choose the appropriate **BLUE TEXT** option. Delete the other option not being used.
	+ Deletethe **RED TEXT** from the consent form.
* Format the document to un-bold the text and change the font color to black.

Hello!

My name is **{TTU PI’s Name and Co-Investigator’s Name}**. I work at Texas Tech University. We are conducting research to learn **{brief and basic description of your study}.**

We would like you to help us with this research. You will be asked to **{describe what their participation entails in this study.} {If you are providing an incentive/compensation to the participant provide the following: a description of the incentive/compensation (includes extra-credit and non-monetary gifts); any restrictions or requirements for participant compensation, if it is a drawing provide the odds of winning, and the time frame of when the participant will receive the incentive/compensation.} {If you are providing compensation to the participant state the following: You will be asked to complete a Texas Tech University tax form to receive compensation. The form will ask you to provide your first and last name, address, citizenship, Social Security Number, phone number, and email. This information will be stored separately from your data and will be provided to Texas Tech University’s Payroll and Tax Services.}**

Your participation is completely voluntary and **{CHOOSE ONE OPTION: there are no direct benefits OR you will receive (Enter benefit)}** for your participation. **There are no anticipated risks for your participation in this research. OR The risks associated with this research are (Enter risk(s)).** You can skip parts of the research you are not comfortable with and stop at any time. You will keep all the benefits of participating even if you stop. Participating is your choice. Your decision to participate or stop participating will not impact your relationship with Texas Tech University.

We appreciate your time and effort for this research study.

**{CHOOSE ONE OPTION} Please contact me at** **{PI or Co-Investigator’s contact information} if you are interested in participating or would like more information**.

**or**

**Would you like to participate? {Proceed with providing the participant with the information sheet or consent form.}**