 **ADD OWN DEPARTMENTAL LOGO**

**New Research Study At NYU Langone Health for Patients**

***Fill In Disease Or Condition***

The purpose of this study is to find *fill in a description of the study and purpose in lay terms* (you should include text stating if the product and/or intervention used are investigational.

The study will require X visits over a period of X weeks/months. The visits will be at *FILL IN SITE*. These visits will last *X* hours. *PROVIDE ANY OTHER INFORMATION ABOUT THE STUDY VISITS AND COMMITMENT OF SUBJECT*.

If you are eligible for the study, *briefly describe what will happen when eligibility is determined* e.g. You will be randomized to one of two arms. The two arms are….

Choose one:

There is no cost for participation in the study. **OR**

There will be some costs to you or your insurance if you decide to participate.

If you agree to participate in this research, you will/will not receive compensation for travel and time.

You are receiving this information since you are/were a patient at NYU Langone Health. We may use our patient’s health information for certain activities, such as obtaining the contact information for individuals based on something in their health record and to see if they are interested in potentially participating in a research study. In this case, you were contacted because of your [add diagnosis code or whatever was used] relating to the health condition we are conducting a study on.

If you feel you have been contacted for this study in error, you may call the research coordinator, *insert coordinators name, insert phone number and email address*. If you would like to remove your name from our contact listfor future research studies*,*please contact us by phone (1-855-777-7858) or email ([research-contact-optout@nyumc.org](mailto:research-contact-optout@nyumc.org)).

*If you like to hear more about this study contact please [reply to this email/message; contact met at: \_\_\_\_\_\_\_.*