**EMAIL/LETTER RECRUITMENT TEMPLATE**

**Directions:**

**This template includes the recommended informational elements for a recruitment email or letter. Bold and bracketed fields are instructions for adding study-specific information. Modify the format to fit your recruitment method (letter, email, flyer, information sheet, etc.). Remove bold font prior to attaching in the appropriate attachment category on the Attachments page of the HawkIRB application.**

**If you need an IRB approval stamp on your recruitment letter or email, generate a blank stamped template in the attachment category and enter your message in that document.**

**Best practices for recruitment messages:**

* **Use a generic salutation. Do not include both name and diagnosis in the message.**
* **Refrain from using “you” language that states or implies that the individual you are contacting has a particular diagnosis**
	+ **Do not use: “We are sending you this letter because you have been diagnosed with XYZ.”**
	+ **Instead, use: “We are recruiting individuals with the diagnosis of XYZ. If you or someone you know has XYZ and are interested in participating…”**

**Recruitment Email:**

* **Put addresses in the BCC field to protect the privacy of recipients.**
* **If you include the name in the salutation and a diagnosis or potential diagnosis in the body of the message, encrypt the email prior to sending.**

**Recruitment Letter:**

* **If the study is about a sensitive medical condition, do not recruit via postcard to protect the privacy of recipients.**
* **Use caution with the UI Health Care mail code that might reveal the nature of the diagnosis.**

**Subject Line: [IF EMAIL, INCLUDE A SUBJECT LINE THAT IS BRIEF AND INFORMATIVE. (e.g., Research Study on Exercise Practices)]**

**[Generic Salutation (e.g., Greetings),]**

We are recruiting for a research study conducted by researchers in the **[Department Affiliation]** at the University of Iowa. **[IF APPLICABLE: We obtained [mail/email addresses] from University of Iowa Health Care medical record database with permission from the Institutional Review Board (IRB) of Record (an ethical review board that approved this research study) and/or from the UI Health Care designated Privacy Officer or Board (that approved access to protected health information for the limited purpose of recruiting for this study).]**

This study is evaluating **[Provide a 1-2 sentence description of the study in lay terms, including the purpose of the study and the primary procedures involved.]**

Participants must:

* **[Provide bulleted inclusion criteria for this study. May also provide exclusion criteria, as needed]**

The study lasts **[Provide a 1-2 sentence description of the length of the study and the number of visits.]**

There is no compensation for participation in this study.

---OR---

Study participants will be paid **[INSERT TOTAL AMOUNT AND/OR COMPENSATION SCHEDULE]** for their time and effort.

Participating in this research study is voluntary. You may or may not qualify for this study. Please **[share the letter/forward the email]** if you know someone else who might be interested in participating and qualify for this study.

If you would like to participate, **[INSERT INSTRUCTIONS ON HOW TO PARTICIPATE]**.

**[IF THE STUDY TEAM WANTS TO FOLLOW UP BY PHONE, MAIL OR EMAIL]** If we do not hear from you, we will follow-up **[INSERT THE FOLLOW UP PLAN AND HOW YOU WILL FOLLOW-UP]**. If you do not want to receive further communications about this study, or if you have questions, please contact: **[name(s), phone number(s), email].**

Sincerely,

**[Research Team Member Name – It is best practice to leave this as a bracketed field in case research team member name changes.]**

**---OR---**

**[Research Lab Name, phone number(s), email address]**