IF POSSIBLE THIS DOCUMENT SHOULD BE KEPT TO ONE PAGE IN LENGTH

**Executive Summary of the**

**Participant Information Statement for**

**[Title of study in Laylanguage]**

**[Local Chief Investigator]**

You are invited to participate in the above research study because *[for example recent diagnosis, not responding to current treatment etc]* and your doctor believes this could be a suitable treatment option for you. A detailed Information Statement about the study is attached and this is a summary of the essential information about the trial and where to find the relevant detailed information later in the Information Statement. You should read the Information Statement in full and discuss it with your family and medical practitioners before deciding to participate in this study. You may contact the study staff *[or provide a name]* to discuss or asks questions about the study on [phone number] or by email [email address].

This study aims to *[brief description eg. compare two drugs, include an addition drug in existing treatment etc]*. You may receive the study treatment or [*the standard treatment or placebo, that is a drug/infusion that looks like the study medication but has no active ingredients].* For a full description of purpose and rationale for this research see pages XX to XX

Participation in this study is voluntary and refusal to participate or withdrawal from the study at a later stage will not affect the treatment you receive at *[department/hospital]*

If you decide to participate in this study you will need to attend the clinic XX times for XX months/years. The study visits will be XX (-XX) hours and your travel and parking costs will be reimbursed. During these visits you will have a number of tests and assessments, such as a physical examination, blood tests and other medical assessments. The schedule for study visits and a full list of all tests and procedures is on page XX – XX. After the study treatment has finished you will [describe any follow up phone calls, routine or special visits, surveys] for the next XX years.

The most common risks to participants from the [study, new medication] is [list the most common side-effects]. A full list of the side-effects from the study drug and other risks associated with the study procedures see pages XX to XX

There is additional information about what information will be collected about you during the study, [pages XX-XX] how that information will be used [pages XX-XX] and your privacy protected [pages XX-XX]. Your rights as a participant [XX-XX] and additional regulatory information that we are obligated to provide. [pages XX-XX]

**Please make sure you have completely understood what the study involves before you decide to participate.**