

Go Sun Smart Georgia Evaluation

NCT06418672

3.15.2024

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**Emory University  
Oral Consent Script  
For a Research Study**

**Title:** Go Sun Smart Georgia Evaluation (Survey)

**IRB #:** STUDY00007062

**Principal Investigator:** [REDACTED] PhD; BSHES, RSPH

**Study-Supporter:** CDC

**Introduction and Study Overview**

Thank you for your interest in our research study about the Go Sun Smart Georgia program. We would like to tell you what you need to think about before you choose whether or not to join the study. It is your choice. If you choose to join, you can change your mind later on and leave the study.

The purpose of this study is to evaluate a sun safety program and understand how it could be improved. We invite you to participate because you are employed by a workplace that did or will use the Go Sun Smart Georgia program this summer and/or fall. The study is funded by the Centers for Disease Control and Prevention. If you join, we will ask you to fill out a survey about your perceptions and practice of sun safety, your workplace sun safety policies and procedures, and your experience with the Go Sun Smart Georgia program. The survey should take about 15-30 minutes to complete. You will have the option to receive a \$25 gift card for participating in this survey.

You may not benefit from joining the study. This study is designed to learn more about sun safety programs in workplaces. The study results may be used to help others in the future.

**Confidentiality**

Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include the Office for Human Research Protections and the Emory Institutional Review Board. Study funders may also look at your study records. Emory will keep any research records we create private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

**People Who will Use/Disclose Your Information**

The following people and groups will use and disclose your information in connection with the research study:

- The Principal Investigator and the research staff will use and disclose your information to conduct the study.
- The Principal Investigator and research staff will share your information with other people and groups to help conduct the study or to provide oversight for the study.
- The following people and groups will use your information to make sure the research is done correctly and safely:
  - Emory offices that are part of the Human Research Participant Protection Program and those that are involved in study administration and billing. These include the Emory IRB, the Emory Research and Healthcare Compliance Offices, and the Emory Office for Clinical Research.
  - Government agencies that regulate the research including: Office for Human Research Protections.
  - Public health agencies.
  - Research monitors and reviewer.
  - Accreditation agencies.
- Sometimes a Principal Investigator or other researcher moves to a different institution. If this happens, your information may be shared with that new institution and their oversight offices. Information will be shared securely and under a legal agreement to ensure it continues to be used under the terms of this consent.

### **Storing and Sharing your Information**

We will store all the data that you provide using a code. We need this code so that we can keep track of your data over time. This code will not include information that can identify you (identifiers). Specifically, it will not include your name, initials, or date of birth. We will keep a file that links this code to your identifiers in a secure location separate from the data.

We will not allow your name and any other fact that might point to you to appear when we present or publish the results of this study.

Your data may be useful for other research being done by investigators at Emory or elsewhere. At the end of the study, we will remove and destroy all information (study records, survey answers) that could be used to identify you as a participant (meaning we will de-identify the survey data). The de-identified survey answers will be stored by Emory for 5 years in a public database accessible to researchers who agree to maintain data confidentiality. Before sharing the data, we will remove the study code and make sure the data are anonymized to a level that we believe that it is highly unlikely that anyone could identify you. Despite these measures, we cannot guarantee anonymity of your personal data.

### **Contact Information**

If you have questions about the study procedures, or other questions or concerns about the research or your part in it, contact [REDACTED].

This study has been reviewed by an ethics committee to ensure the protection of research participants. If you have questions about your **rights as a research participant**, or if you have **complaints** about the research or an issue you would rather discuss with someone outside the research team, contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or [irb@emory.edu](mailto:irb@emory.edu).

To tell the IRB about your experience as a research participant, fill out the Research Participant Survey at <https://tinyurl.com/ycewgkke>.

### **Consent**

If you would like to participate, please proceed to the survey.