**DEBRIEFING FORM TEMPLATE**

**WASHINGTON STATE UNIVERSITY**

[Insert name of department/college here]

**Study Title:** [Title as listed on IRB application], [IRB number]

**Study Purpose:**

Thank you for your participation in this research study carried out by [study PI’s name]. The purpose of this study was to [include information about the true purpose of the study]. In order to [evaluate/assess/measure this phenomenon], it was important that information be withheld from you until your participation was complete. [*if misleading information was presented:*] You were led to believe that [include false information that was provided to participant]. To protect the validity of the research, it is important that you do not disclose the true purpose of this study to future participants.

**Your Right to Withdraw Data:** [include if applicable]

If you would like to withdraw the research data you provided, please contact the research team at [include researcher/study team’s contact info. *Note this cannot be done for anonymous data collection*].

**Additional Resources:** [include if applicable]

If you are experiencing any psychological or emotional distress, please contact [include resources for the participant, whether this be local or national hotlines, counseling services, etc.].

**For Questions or Concerns:**

If you have any follow-up questions or concerns about the research, please reach out to the study investigator, [study PI’s name] at [study PI’s contact information]. If you have any questions or concerns about your rights as a research participant, please contact the WSU Institutional Review Board at irb@wsu.edu, or 509-335-7646.

**Participant Signature:** [include if applicable]

Your signature below indicates that you have been debriefed and that your questions have been answered.

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Name of Participant Signature Date

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Name of Researcher Signature Date

Thank you for your time spent participating in this research.