***This template may be used to inform participants of new information that will not affect ongoing safety or subject rights. Examples include; change in the person, phone number, or mailing address they must write to in order to revoke their consent and/or HIPAA authorization. Participants should be contacted if they are still undergoing study-related procedures and/or their data is still being collected.***

(Insert Date)

You are being contacted because you were/are a participant in the research study titled (insert IRB# and tile).

***If Applicable, Insert:***

Contact information has changed regarding your rights as a research subject. We would like to inform you of the revised information.

*(If the researchers cannot be reached, or if you would like to talk to someone other than the researcher(s) about; concerns regarding the study; research participant’s rights; research-related injury; or other human subject issues, please call the Saint Luke’s Health System Institutional Review Board at 816-932-5019. You may also write the Saint Luke’s Health System Institutional Review Board at 4401 Wornall Road, Kansas City, Missouri, 64111.)*

***If Applicable, Insert:***

The consent form and HIPAA Authorization that you signed when you agreed to participate in this study stated that you could “revoke” your consent at any time by writing to the PI. The address has changed. If you wish to withdraw your HIPAA authorization, you need to send this request in writing to the following address:

(Enter PI’s name, institution, department and address)

***If Applicable, Insert:***

The person in charge of the study, also known as the Principal Investigator (PI), was (insert old PI’s name). We’d like to inform you that the new PI is (insert new PI’s name). The new PI will have access to the information we collect about you during this study.

If you have any questions regarding this matter, please feel free to contact (insert name and phone number).

Sincerely,