***Medical Student Information Sheet (Implied Consent) for Surveys***

Dear **[NAME OF STUDENT-CAN BE AUTOPOPULATED USING SURVEY PLATFORM AND TOKEN SYSTEM],**

As medical student, we would like to know what surgical specialties you are currently interested in.

Over your preclinical years we will ask your class to complete surveys to follow your interest in surgical specialties over time.

Your return of this survey is implied consent. It will take about 10-15 minutes to complete. Your survey responses will be used to help improve medical school curriculum to promote medical student interest in a diverse range of specialties.

All data will be coded and reported in aggregate and cannot be identified individually. Any data exported and kept outside of **[YOUR INSTITUTION’S SURVEY PLATFORM]** will be stored within a secure password protected University Server Folder. Data will only be accessed by **[PRINCIPLE INVERSTIGATOR]** and researchers listed on the key personnel forms for processing and analysis.

Any information that is obtained in connection with this study and that may potentially identify a participant will remain confidential.

If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, contact:

**[YOUR INSTITUTION’S SSEP EMAIL ADDRESS]**

Thank you for your time.

Sincerely,

**[PRINCIPLE INVESTIGATOR]**