

Appendix A: Information Sheet on Personnel and Family Participation in WRAIR Research Studies

Study Name/Number: _____

WRAIR personnel (including U.S. Military and Civilian employees, Foreign Service Nationals/Locally Employed Staff, contractors, cooperative agreement personnel, guest researchers, special government employees, volunteers, fellows, students, and trainees of WRAIR or its Directorates) generally are allowed to enroll as participants in research studies conducted at or supported by WRAIR and its Directorates. The purpose of this document is to inform personnel about the special risks and burdens personnel might face when participating in certain types of WRAIR research, and about the protections and resources available for those personnel. This information may apply to certain family members of WRAIR personnel.

Potential Risks and Burdens

Personnel who volunteer to participate in WRAIR research studies might do so to make altruistic contributions to science and sometimes gain important knowledge themselves. However, personnel who participate in WRAIR research studies might face special risks and burdens, including:

- *Undue Influence:* Supervisors, managers, or co-workers might pressure personnel to participate in research against their better judgment. They might offer or imply that professional rewards will be given for participating in research, or that punishments will be incurred for refusing to participate. Such undue influence is often subtle and unspoken, and even its mere appearance can have a negative effect on the work environment.
- *Breaches of Privacy or Confidentiality:* Some research collects sensitive information about participants, such as substance use, illegal activities, medical history, or other behavioral information. Other research might accidentally discover new information about participants, such as a pregnancy or a genetic illness. This private information about personnel who participate in research might be accessed (intentionally or accidentally) by their supervisors, managers, or co-workers, even when additional protections are put in place.
- *Conflicts of Interest or Commitment:* A research team's interest in enrolling qualified participants might compromise their best judgment about enrolling co-workers or subordinate personnel. Personnel might have personal or professional interests that compromise their ability to participate fully and honestly in research. When not properly managed, such conflicts can undermine participant safety, scientific quality, and workplace productivity.

FCMR-UWZ (1200B)

SUBJECT: WRAIR Policy #34, Personnel and Family Participation in WRAIR Research Studies

Protections and Resources

In order to address the above concerns about personnel participating in certain types of WRAIR research studies, WRAIR has implemented the following protections and resources:

- Personnel may not be adversely affected for choosing not to participate in WRAIR research or favorably affected for choosing to participate in WRAIR research.
- Supervisors and managers may not be involved in recruiting or consenting their subordinate personnel for participation in WRAIR research.
- Personnel must be informed of any risks to their fitness for duty and any personal/professional risks that can result from participating in WRAIR research.
- Investigators and the WRAIR IRB must ensure that appropriate safeguards are in place to protect the rights and well-being of personnel-participants.
- Some classes of personnel must be interviewed by a member of WRAIR's Research Ethics and Integrity Consultation Service (REICS) or an IRB-appointed ombudsperson before they are permitted to participate in WRAIR research.
- Some classes of personnel must receive specific approval from their supervisor and/or from the IRB Chair before they are permitted to participate in WRAIR research.
- Personnel who are participating or considering participating in WRAIR research may request assistance or advice at any time from the REI team, ombudsperson, IRB Chair, or human research protections staff.

Acknowledgment

Please complete the following.

I am:

☐ *Personnel of WRAIR or its Directorates*

Department/office and role: _____

☐ *Immediate family of a member of the study team*

☐ *Other (please specify):* _____

I acknowledge that I have been informed of the potential risks and burdens faced by WRAIR personnel who participate in WRAIR research, and of the special protections and resources available to me if I choose to participate in WRAIR research.

Signature: _____ Date: _____

Printed Name: _____