# RESEARCH SUBJECT INFORMATION SHEET

**TITLE:** The Tubman Travel Project

**PROTOCOL NO.:** None

WCG IRB Protocol #20243889

**SPONSOR:** Ibis Reproductive Health

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c/o WeWork

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STUDY-RELATED

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Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled.

If you have questions, concerns, or complaints, or think this research has hurt you, talk to the research team at the phone number(s) listed in this document.

#### IMPORTANT INFORMATION TO KNOW

There is the potential for significant legal liability and risk due to the potential loss of confidentiality. The sponsor has taken measures to help mitigate these risks.

#### DETAILED PARTICIPANT INFORMATION SHEET

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant. We are inviting Texas residents who have had an abortion with assistance from the Travel Program at Faithroots to participate in the study.

### What should I know about this research?

- Someone will explain this research to you.
- This form summarizes that explanation.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.

- You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.

## Why is this research being done?

The purpose of this research is to understand the challenges Texan abortion seekers face when traveling out-of-state for care and how support from the Travel Program at Faithroots impacts people's abortion care experiences as they travel out of state.

Up to 300 participants may take part in this survey research.

## How long will I be in this research?

Participating in this study should take no more than 30 minutes of your time.

### What happens to me if I agree to take part in this research?

If you agree to be in this study, we will ask you to complete one survey. In the survey, we will ask about: 1) your demographic information and pregnancy history, 2) your knowledge, attitudes, and beliefs about abortion, 3) your most recent abortion and your experience seeking care, along with the barriers you may have faced while accessing care, and 4) your overall reflections on your experience using the Travel Program.

The survey will take approximately 20 to 25 minutes. The survey can be accessed and completed on devices with internet access, such as a smartphone, tablet, or computer. We recommend you find a private location so that you may feel comfortable responding to questions about sensitive topics.

### What are my responsibilities if I take part in this research?

If you take part in this research, you will be responsible for answering questions about your experience seeking abortion care and receiving support from the Travel Program. You do not have to answer any questions that you don't want to.

#### Could being in this research hurt me?

Participating in this research could result in feeling uncomfortable, embarrassed, or guilty as a result of discussing sensitive topics including, but not limited to, pregnancy recognition and abortion care.

There is a potential for loss of your confidentiality.

### Will it cost me money to take part in this research?

It will not cost you money to participate in this study.

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### Will being in this research benefit me?

We cannot promise any benefits to you or others from taking part in this research. However, possible benefits to you include contributing to efforts to improve access to quality abortion care and abortion support services in Texas and across the United States.

Possible benefits to others include gaining knowledge about the challenges to accessing abortion care and abortion support resources, including awareness of the Travel Program.

### What other choices do I have besides taking part in this research?

This research is not designed to diagnose, treat or prevent any disease. Your alternative is to not take part in the research.

## What happens to the information collected for this research?

Information shared in the surveys may be shared with the following groups:

- People who work on the research study team
- WCG IRB, the Institutional Review Board (IRB) that reviewed this research

Even if identifiers are removed, your information will not be used or distributed for future research.

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

### Who can answer my questions about this research?

If you have questions, concerns, or complaints, or think this research has hurt you, talk to the research team at the phone number(s) listed above on the first page.

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. You may talk to them at 855-818-2289 or clientcare@wcgclinical.com if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

# What happens if I agree to be in this research, but I change my mind later?

You can change your mind about participating in the survey and stop at any time, without giving a reason.

# Will I be paid for taking part in this research?

At the end of the survey, you will be given a \$35 gift card to reimburse you for your time. This gift card will be sent to you via email. You will not be receiving a gift card if you choose not to participate in the survey.

### Statement of consent:

Do you agree to participate in the study?

- Yes
- No → STOP

If you would like a copy of this form, please download a copy now. [DOWNLOAD LINK]