Research Study Short Summary

We are inviting you to take part in a research study. Please read the full consent form in addition to this summary. This brief summary may answer some basic questions. Ask questions, and take time to understand the study before you make any decision.

**Study title:** TITLE OF STUDY

**Researcher** (Principal Investigator): PRINCIPAL INVESTIGATOR NAME

**Study Support:** This study was designed and initiated by Dr. _____ and is being funded by a grant from _______.

**Why me?** We have chosen you because you have high blood pressure and higher than average uric acid in your blood. Both of these affect your overall health.

**What are the study goals?** We want to see whether study drug, a drug used to lower uric acid, affects kidney function. We will also look at your uric acid levels and blood pressure as part of this study.

**What if I don’t want to take part?** Taking part is up to you. There is no pressure to take part, and no standard treatment or care will be withheld if you don’t take part.

**What is experimental in this study?** All the tests in this study are experimental. The medication, study drug, is approved by the FDA only to lower uric acid.

**Is there a sugar pill or fake treatment?** Yes, a sugar pill is part of this study. The sugar pill is also called a placebo. The sugar pill doesn’t contain any active ingredients.

**Are there risks?** Yes, there are risks. Risks are listed in detail in the Risks section of the consent form. Please read the Risks section and all sections carefully.

**Are there any benefits?** Other than learning the results of some standard clinical tests we will share with you (such as your blood pressure, serum cholesterol, and results of some other blood tests) there is no direct benefit to you to take part in this study. What we learn from this study may help others in the future.

**Are there costs?** There is no cost to you for taking part in this study. All study visits and procedures are done at no cost to you. You will still be responsible for your regular medical care.

**What about time, inconvenience, or travel?** We will ask you to come in for 3 visits to our clinic and 2 overnight stays at the University Hospital. You will also be asked to take your blood pressure a few times each day at home while you are in the study.
Will I be paid for my time? Yes, you will be compensated for your time and travel.

If you decide to participate, please keep a copy of this summary and the consent form.