**Research informed Consent Script**

**for verbal consent**

***Please replace or delete the instructional text in red font before submitting to the REB. Arrange to give or send a copy of the Consent Form to participants.***

**Text in blue is sample wording that is acceptable to the REB. However, make sure to alter the wording, if necessary, to reflect your research plan, or to include any additional needed information.**

# Study Title: *Insert Study Title;*

**Version Date: *Month/Day/Year***

# Hello, my name is (insert name) and I am a \*\* at Bruyère Health Research Institute *or* in the Department/School/Faculty of \*\* at \*\*\*\*\*\*\*. I am working under the supervision of \*\*\*.

# I would like to speak to you about a study entitled *(insert title*) that you may be interest in. This study aims to *(briefly describe study goals)*. The study is sponsored/funded by \*\*.

The study involves (e.g. an interview/focus group) about *…(briefly describe the subject-matter)*.

With your consent, the interview/focus group will be audio [or video]-recorded, and once transcribed, the recording will be destroyed (or retained for \*\* months/years).

We expect that the survey/interview *(or whatever the research activity is)* will take about \*\* minutes to complete. Your participation is voluntary, and you may choose not to take part, or not to answer any of the questions *(or describe what the activity is)*. If you decide to withdraw after the interview/focus group *(or describe what the activity is)*, your responses *(or collected data)* will be removed if you notify the researcher *(set a time limit, eg within x weeks/months after the interview or fixed deadline date).*

*Describe any risks, inconveniences and/or benefits that the participant may experience.*

*For example:*

We do not anticipate any risks from participating in this research (surveys, questionnaires, focus groups, etc.), nor do we anticipate that you will derive any benefit.

*Or*

You may find some of the questions to be of a sensitive nature and may cause you distress. If you do feel distress as a result of answering any of these questions, we invite you to contact \*\*for counseling services.

*Or*

As this study will ask about \*\*, there are some potential professional risks to you if your statements are critical of \*\*.

***AND***

Your participation in this study is unlikely to benefit you directly but it will contribute knowledge that may be used to improve \*\*.

***AND***

You will be given \*\* for your time spent participating. If you choose to withdraw from the study, you will still receive this compensation.

We will treat your personal information as confidential, although absolute privacy cannot be guaranteed. However, research records identifying you may be reviewed by *(Insert any other reasonably foreseeable disclosure obligations)* … and by the Bruyère Health Research Ethics Board for the purpose of auditing the research*.* The results of this study may be published, but the data will be presented so that it will not be possible to identify any participants without their specific consent. De-identified data from this study may be shared with other researchers for verification, and to permit them to build upon our findings.

All research data will be encrypted [or password-protected] at the Bruyère Health Research Institute.

(If a focus group or other group interview) Everyone will be asked to respect the privacy of the other group members and asked not to disclose anything said within the context of the discussion. But it is important to understand that other people in the group with you may not keep all information private and confidential.

*When potentially identifiable data will be stored on any server:* Your data will be stored and protected by [ORGANIZATION], in [country name], but may be disclosed via a court order or data breach.

After the study is completed, we will retain your de-identified data for future research use.

**OR** Your de-identified data will be retained for a minimum period of 10 years.

**Contact Tracing**

***The text below is to be included only when participants will, at any time during their participation, attend onsite at any Bruyère Health site.***

During pandemic and other public health outbreak situations, it may be necessary to share your contact information with Bruyère Health’s Contact Tracing Team or Ottawa Public Health in order to support contact tracing efforts. This sharing of information will only be done when deemed necessary for public health and safety, and will only include your contact information, such as name, telephone number, and email address. We will not share any information about your participation in the research study, nor will your study data be accessed by non-authorized persons at Bruyère Health or Ottawa Public Health at any time.

In consenting to participate in this study, you consent to this sharing of information when necessary. To provide additional context, the two situations where this could occur are (1) someone you came into contact with while participating in a research study was later found to be infectious with COVID-19 or another serious contagious illness that is tracked by Bruyère Health and Ottawa Public Health, and they want to inform you of this event, or (2) you notify us that you may have been infectious with COVID-19 or another serious contagious illness while in contact with a member of a research team or onsite at Bruyère Health, and Bruyère Health’s Contact Tracing Team will want to follow up with you to determine whether they need to notify anyone else of a possible exposure to the illness.

**Ethics Review and Contact Information**

This study has been reviewed and approved by the Bruyère Health Research Ethics Board as study #\*\*\*\*\*. If you have any ethical concerns about the study, or the way it is conducted, please contact the Bruyère Health REB: [REB@bruyere.org](mailto:REB@bruyere.org).

You can also reach me at *(email address)* or *(phone #)*. You may contact my supervisor at *(email address)* or *(phone #).*

Do you have any questions about this study or need any clarification?

Do I have your permission to begin? Yes\_\_\_ No\_\_\_

Do you agree to be audio recorded? Yes\_\_\_ No\_\_\_

Do you agree to be contacted with a summary of results from this study when they are available?

Yes\_\_\_ No\_\_\_ Email or phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be contacted for quality improvement and/or feedback purposes by the study team and the Bruyère Health Research Institute.

\_\_\_Yes \_\_\_No Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be contacted about future research studies at the Bruyère Health Research Institute.

\_\_\_Yes \_\_\_No Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name/Pseudonym/Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person conducting the consent discussion Date

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Signature of person conducting the consent discussion Date