***Blue text is to be updated, specific to the study.***

*INSERT STUDY LOGO HERE IF APPLICABLE*

**Study Title AND/OR Acronym**

**IRAS Number: XXXXXX**

**R&I reference number: XXXXX**

Verbal Consent Script

|  |  |
| --- | --- |
| Participant ID:  | Initials:  |
| Date of Birth:  | NHS/Hospital Number:  |
| Principal Investigator: |
| Date of verbal consent call: \_\_/\_\_\_/\_\_\_\_ (dd/mmm/yyyy)Time of verbal consent call: \_\_/\_\_ (00.00 hr) |
| Format of verbal consent e.g. Skype, phone call: |

***Telephone/contact the participant and confirm that you are speaking to the relevant person, and that it is a convenient time to call (if not, establish if the participant wishes to be contacted at an alternative time; or whether the participant no longer wishes to be contacted regarding the study). Then continue with the script below:***

Hello [*name of participant*], my name is [*name of member of staff taking consent]* and I am a *[role of member of staff e.g research nurse]* working on *[name of study],* which you *[have shown interest in / have been given information about / are currently taking part in].*

You may have received some documents from us recently regarding the *[name of study]* research study and we wondered if you have had a chance to read them? ***(Allow participants to respond – if they have read it and no longer wish to be contacted with regards to this study, then thank them for their time and say goodbye – if they are unsure or more positive then continue below).***

I am calling today to invite you to take part in *[state study type/brief synopsis/stage e.g. a questionnaire study].* We would like to *[give brief overview of the* aims]. To do this we would like to *[give overview of the study procedures].*

The Ethics Committee, whose role it is to scrutinise research and protect patients, has agreed that we can obtain verbal consent from you over the phone, but please let me reassure you that whatever you decide, it will not change your treatment in anyway. Do you have any questions you would like to ask me at this stage?

***Record participant’s response:*** Yes / No

***If yes, record any questions and responses given, below:***

Just so that I can check that I have explained myself clearly to you, can you please confirm if you understand what I have told you?

***Record participant’s response:*** Yes / No

If you are happy with my responses, can you please let me know whether you agree or not, to take part in the *[name of study]* study?

***Record participant’s response:*** Yes / No

***(If participant answered yes, continue overleaf; if no, then thank the participant for their time and say goodbye)***

Finally, could I please ask you to confirm a few details to record your consent?

**Version and date of information sheet received by participant:** Version: \_\_\_\_ Dated: \_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Date the study information was received (dd/mmm/yyyy)?** \_\_\_ / \_\_\_\_ / \_\_\_\_\_

We would like to send you a copy of the consent form to keep for your information. Could you please confirm for me how you would like to receive this, via post or email? Please confirm your contact details for me:

Address:……………………………………………………………………

……………………………………………………………………………......

…………………………………………………………………………………

Email: ………………………………………………………………………

**PARTICIPANT VERBAL CONSENT CONFIRMATION FORM
IRAS Number: XXXXXX**

**R&I reference number: XXXXXXX**

**Please initial (researcher)**

Yes

No

1. After explaining the study information to the participant, I can confirm

that the participant understands and agrees to participate in the above

research study.

Yes

No

1. The participant understands that the study is voluntary, and that they can

withdraw at any time without their medical care or legal rights being affected;

although data and samples already collected will be retained for use in the study.

Yes

No

1. The participant understands that their personal data may be collected and

stored electronically for the purposes of this study.

4. The participant understands that we may contact their GP or any other relevant

Yes

No

medical professional treating them about their participation in the study.

*<<DELETE IF NOT APPLICABLE>>*

**Participant**

Full name (*block capitals*):

*DD/MMM/YYYY*

………. / ….….... / ………..…

Date of Birth:

Date/time verbal consent provided by participant:

 *DD/MMM/YYYY Time (24 hr)*

………. / ….….... / ………..… ……..:…….

**Person taking consent**

I have explained the study to the above named participant and they have indicated their willingness to participate.
Full name (*block capitals*):

Signature:
Date:

*DD/MMM/YYYY*

………. / ….….... / ………..…

**Original to be retained and filed in the site file, one copy for the participant, and one copy to be filed in the participant’s medical notes.**