**CONJOINT HEALTH RESEARCH ETHICS BOARD**

**ORAL CONSENT SCRIPT TEMPLATE**

**Template Instructions:**

**Delete this boxed information**, all **instructional text** in **red**, and any sections of the consent template that are not applicable to your study.

Instructions and examples for informed consent authors are in *[italics]*

**Blue** text indicates that the Principal Investigator should provide the appropriate information before the document is reviewed with the prospective research participant.

The font color of the finished consent document should be **black**.

In the footer of every page insert the following information: Ethics ID, PI, Study Title, Version Number, Version Date, and page number expressed as ‘Page X of Y’ (e.g. 1 of 2).

*Oral consent scripts are appropriate in limited circumstances. Oral consent cannot be used to access personal health information (as per the Health Information Act of Alberta); consent for access to health information needs to be electronic or written.*



**UNIVERSITY OF CALGARY**

**ORAL CONSENT TO PARTICIPATE IN RESEARCH**

*An oral consent process should include the following information:*

* *statement that the study involves research*
* *statement of why participant is invited / the eligibility criteria for participation;*
* *an understandable explanation of research purpose*
* *a description of all reasonably foreseeable risks and benefits of participation*
* *a description of how confidentiality will be maintained*
* *whom to contact with questions about the research [name, affiliation, and address of the investigator(s)]*
* *whom to contact with questions about participants’ rights [CHREB contact information]*
* *statement that participation is voluntary, and that refusing or discontinuing participation involves no penalty*

[Insert welcome statement].

*Introduce yourself and in what capacity you are acting (i.e., a graduate student, research assistant, faculty member).*

You were identified as a possible participant in this study because [explain why the potential participant is eligible to participate]. Your participation in [insert research activity – survey, interview, etc.] is voluntary.

The purpose of this research study is to [complete this statement].

If you agree to participate we will ask you to [insert brief description of research procedure(s)].

Participation will take a total of about [specify time and duration].

*List and describe any reasonably foreseeable risks, discomforts, inconveniences, and how these will be managed.*

*Explain what information will be recorded about participants, how confidentiality maintained, etc.*

*Inform participants of the extent to which the researchers intend to maintain confidentiality of records that identify them. Specifically:*

* *How data, records, containing private or personal information will be collected and used for the study.*
* *What methods are in place to code or de-identify information.*
* *How data, records, will be stored, and who will have access to them (including how they will be shared for future research).*
* *How you will protect confidentiality if doing interviews in public spaces (such as in a hospital room with other patients or in a coffee shop).*
* *Describe the potential sharing of data (de-identified or identifiable) with other researchers or collaborators (e.g. external investigators, transcriptionists).*

*Advise participants if you believe their participation will be known (e.g. if they are doing an interview on work time) but that you will keep all information they provide confidential.*

*Explain how long the research data/records/specimens will be kept. Please consider the potential for future uses of study data, and data sharing requirements, and advise participants of this possibility. Please indicate if the data will be held in an identifiable or de-identified state.*

You may contact [insert name(s)] at [insert phone number(s)] with any questions or concerns about the research or your participation in this study.

If you have any questions concerning your rights as a participant in this research, please contact the Chair, Conjoint Health Research Ethics Board, University of Calgary at 403-220-7990 or email [chreb@ucalgary.ca](mailto:chreb@ucalgary.ca).

Do you have any questions or would like any additional details? *[Answer questions.]*

Taking part in this study is your choice. You can choose whether or not you want to participate. Whatever decision you make, there will be no penalty to you. You have a right to have all of your questions answered before deciding whether to take part. Your decision will not affect the medical care you receive [or your education or employment, as relevant]. If you decide to take part, you may leave the study at any time.

In no way does your agreement to take part this study waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities.

Do you agree to participate in this study?

*[If yes, begin the study.]*

*[If no, thank the participant for his/her time.]*