## SAMPLE VERBAL CONSENT SCRIPT

**INSTRUCTIONS:**

*This template is a sample from which a verbal consent script should be developed. Please modify it as needed. Since the presentation is verbal, the script may be somewhat shorter but should still include the required elements of consent.* ***The consent script should be written in simple terms understandable to the subject.*** *Information provided in italics needs to be filled in and the italics and highlighted sections should be deleted.*

Use language understandable to the subject. Readability should be not be more than a 7th grade level.

Where a verbal consent is used for some subjects and a written signed consent for others in the same study, the verbal consent will be an exact replica of the written consent except without the signature of the study participant.

**Introduction**

I am {*insert name*}a {*insert title such as student, faculty member or staff*} in the Department of {*insert department name*} at the University of Denver. {*if study is International, add: in the United States.*}

I obtained your contact information from… {clarify how subjects were identified and contact information obtained.}

**Subjects Rights**

Your participation in this research study is completely voluntary. You can withdraw at any time. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefit to which you are entitled. Your choice to not be in this study will not negatively affect any rights to which you are otherwise entitled, including {*if relevant}* your right to any present or future treatment {*if subjects are seeking any kind of medical or mental health treatment*}, your class standing {*if subjects are DU students*}, your present or future employment {*if you are an employee at DU. Include what is applicable and delete what is not applicable*.}

**Description of the study and study procedures**

I am conducting a research study to… {*describe the purpose of the study*}.

The name of the study is {*insert title*}. The IRB Project Number is {*insert IRBNet #*}. The person in charge of the study is {*insert PI’s name*}.

If you agree to participate, you will be asked to … {*describe what is being asked of the participant, identify any procedures which are experimental, and provide the expected duration of the subject’s participation. If any audio-taping/video-taping/photography will be done, specify whether this is mandatory to participation*.}

***NOTE****: If data collection involves audiotape/videotape of activities, any verbal script must advise subjects that the activities will be audiotaped/videotaped and discuss the disposition of tapes (i.e., where stored, how long they will be kept and when they will be destroyed).*

{*If this is a group interview, the following language needs to be included: “During the group interview, I will not be able to guarantee confidentiality because we will be discussing information as a group. Therefore, if you would feel uncomfortable with any of your statements being shared with others in or outside the group, please do not share them during the process.*}

**Risks**

{Open this section with one of the following statements:}

Your participation in this study does not involve any physical or emotional risk to you beyond that of everyday life.

*Or*

Your participation does not involve any risks other than what you would encounter in daily life.

*Or*

The risks from participating in this study may include … {*Provide a description of any reasonably foreseeable risks or discomforts to the subjects, including any physical or emotional risks, as well as potential breaches of confidentiality*.}

**Benefits**

You are not likely to have any direct benefit from being in this research study.

*Or*

The possible benefits to you from this study include…

*Or*

Taking part in this study may help researchers to better understand...

*State any benefits that can be reasonably expected in a way that is not potentially coercive. If this study focuses on a person with a condition (i.e., a learning disability) avoid stating that the subject may benefit from closer monitoring of their condition.*

*Do not include information on payment or reimbursement for participation as a benefit. Put this information in the Financial Information section.*

*If participation in the research project provides course credit, describe this in a separate section on Course Credit and Alternatives.*

**Alternatives**

Open this section with the following statement:

You may choose to not participate in this research study.

**Financial Information**

Participation in this study will involve no cost to you. You will not be paid for participating in this study.

*Or*

* Provide specific information about payment and reimbursement (e.g., dollars per visit, payment for testing, evaluation, transportation.)
* Specify when payment will be made and in what form.
* Indicate whether you will prorate payment for partial participation, and explain exactly how this will be done.
* For lottery drawings, include the following: when the drawing(s) will occur, who will conduct the drawing(s), how payment will be made, the value of the prize(s), the number of prizes, the chances of winning.
* Acceptable terms include “payment,” “renumeration,” “reimbursement,” “gift,” “prize,” “token of appreciation,” etc.

**Confidentiality**

Study records that can identify you will be kept confidential by … {*describe the mechanisms for maintaining confidentiality of data, i.e., removing identifiers, storing identifiers, storing data with a study code, allowing any research staff to review data in a password protected computer, etc. If any audio-taping/video-taping/photograph is use, specify how the study media will be kept private and confidential.*}

The results of the research study may be published, but your name will not be used.

{*If anonymous questionnaires are completed, include statement:*} The questionnaire is anonymous. The results of the study may be published but your name will not be known.

**Whom to contact with questions**

If you have any questions or problems during your time on this study, you should contact {*give name, department, phone number, and department address if applicable. Include advisor name/phone if student, and identify as advisor*}.

If you have any questions regarding your rights as a research subject, please contact the

the University of Denver’s Institutional Review Board (IRB) Office at (303)871-2121. {*if study is International, include International Calling Codes with all phone numbers*}

**Consent Section**

Do you wish to participate?

Record Subject’s response: Yes No

{If audio-recording, video-recording, or photography will be done, include the following question:}

“Do you agree to be audio-taped / video-taped / photographed?” {Insert whichever type of recording is applicable to the study. If more than one is being used, include as a separate question.}

Record Subject’s response: Yes No

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Name (printed) and Signature of Person Obtaining Consent Date

If you would like a copy of this letter for your records, please let me know and I will [*give you a copy now; email, mail, or fax it to you, etc.*].

 “Would you like documentation linking you to this research study?”

*{If subject says “yes”, have the subject sign below and provide the subject with a copy of the signed form}*

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Name (printed) and Signature of Subject Date