# **(Your Study’s Title)**

IRB# (XXXXXXXX) DATE APPROVED (XX/XX/XXXX) EXPIRES (XX/XX/XXXX)

# **Verbal Informed Consent Script**

**[How to use this template:** Statements in *yellow highlight* identify where instructions for information that must be filled in with specific study details. Statements in red are instructional notes. This paragraph and these yellow and red instructions should not be included when you speak to your prospective participants with the final version of the consent.]

In the next few minutes, I will be providing you with information and asking you to consent to participate in a research study. The purpose of this study is to (insert your purpose)**.** Participation is voluntary. There is no penalty if you decide not to participate or you withdraw from the study and your relationship with (insert the researcher name(s)), the (insert Program Name, if applicable), (insert your Department Name), and Clarke University will not be affected by this decision. [You may also need to include an external agency in this list if applicable.] The estimated time of participation is insert time here. You will be expected to (briefly state the procedures-what will participants be asked to do). Potential benefits for participating include (insert potential benefits). Potential risks of participating include (insert potential risks).

 [If applicable, you may need to add the following statement at the end of the paragraph above:] “Alternative procedures or courses of treatment could include (insert potential alternative procedures or courses of treatment).”

We have asked you to participate because you (insert inclusion criteria). Unfortunately, there are some reasons why you may not be able to participate. These include (insert exclusion criteria).

If you agree to participate in this study, you will be asked to (insert the more detailed version of the procedures in chronological order in lay terms)

In order to maintain confidentiality, your name will not be connected to any publication or presentation that uses the information and data collected about you or with the research findings from this study. The researcher will use (insert anonymizing method, such as number or pseudonym) to identify participants rather than your name. Your identifiable information will only be shared if required by law or you give written permission.

The risk of participating is minimal. [Delete the following highlighted section if not doing face-to-face research.] Researchers and participants will follow University approved procedures for safety related to COVID-19 including screening temperature and current health status prior to participation. Social distancing will be maintained as safety allows for the activity, otherwise researchers will wear additional Personal Protective Equipment. If you have health concerns that impact your ability to participate, however, you may want to consult a health care professional before agreeing to participate in this study. [You may need to edit the next sentence if off-site.] If you need medical or mental health attention during the course of the study, Clarke University emergency procedures will be followed. The researchers and Clarke University are not responsible for any medical or mental health expenses.

You are not required to participate in this study. Refusal to participate in this study will not affect your rights to services you currently are receiving or may receive from (insert your Program Name, if applicable), (insert Department Name), or Clarke University.

At any time during the study~~,~~ you have the right to withdraw your consent to participate in this study. If you withdraw from the study, the researcher will stop collecting additional information and data about you. The researcher may continue using and sharing the information obtained prior to your withdrawal if it is necessary for the soundness of the overall research.

Do you have any questions regarding this study? [Answer question, if there are any]

If you have any additional questions about the study or your rights as a research participant, you may contact (insert a contact name) at (insert a phone number) [Do not use a personal phone number] or email (insert email address).

Do you understand this Informed Consent?

Do you agree to be a participant in this study?

Do you acknowledge that you are aware of what this study involves, that you are at least 18 years old and that you may request a copy of this Consent form?