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| **HRP-523 - Template - Telephone Script Consent Document****Informed Consent Template for Telephone Script****Notes To Researcher When Using This Template*** *Italicized text is instructional language and should be DELETED from the final consent document. DELETE this table from final consent document*
* Standard text (non-italicized) is language that can be directly used or directly inserted.
* *Use only those statements that are appropriate – this template gives many different possibilities for many types of research, thus not all the statements are relevant for all studies.*
* *Please use the appropriate headings to separate each section.*
* *The size of a consent document may vary from one to several pages depending on study complexity.*
* *There MUST be at least a 1.5 inch margin at the bottom of each page so the IRB footer can be placed on the IRB-approved consent document. Include any information such as page numbers in the top margins.*
* *CLICK™ IRB*
	+ *Upload consent document(s) to the Consent Forms and Recruitment Materials Smartform page*

*v19-01 (1-20-2019)* |

**Telephone Consent Example**

*When the proposed research poses minimal risk to subjects, and you plan an initial contact with subjects by phone, or if you plan to conduct the research using a phone questionnaire, a telephone information or consent script is needed. In this script, you need to concisely describe the study, tell what participants will need to do, tell them how confidentiality will be maintained, and in the case of a telephone interview, explicitly ask for their consent to participate.*

*Here is some sample text to help structure your telephone script which can be adapted as it applies to your study*:

Hello, my name is *[name of investigator]*. I am a *[student/faculty member/staff member]* from Michigan State University conducting a research study about *[state topic of research]*. Your participation in this research is completely voluntary. This means that you do not have to participate unless you want to.

Today you will be participating in a *[individual phone interview, focus group, etc.]*, which should take approximately *[state time needed to complete activity]*.

The most likely risks of participating in this study are ...

The potential benefits to you for taking part in this study are … (*describe potential benefits*) OR You will not directly benefit from your participation in this study. However, your participation in this study may contribute to the understanding....

Your participation is voluntary. If you do not wish to participate, you may stop at any time. Responses will be *[describe confidentiality procedures – e.g. responses will be completely anonymous; your name will not appear anywhere in the final write up; I will assign you a pseudonym, etc.]*. There are minimal risks associated with this [*activity*]. Taking part in this [*activity*] is your agreement to participate.

Would you be willing to answer some questions to help me determine if you are eligible for this study?  *(If yes, proceed; if no thank them for their time and end the call).*

Good. I will read off a list of questions. If you answer to any of them is yes, wait until I am all done and tell me that when I am finished. I do not want you to answer each question, individually. *(Include a list of the exclusion criteria that you need to know about for this person but getting individual answers might be an issue if recorded anywhere with the name of the person being called)*

Are you under the age of 18?

Have you ever been diagnosed with cancer?

Have you had the flu vaccine?

Do you have any allergies?

Would your response to any of these questions be “yes?” (If person says yes, thank them for their time and that they are not eligible for the study. If they answer no, proceed)

The purpose of this research study survey is to look at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We estimate that approximately (number of subjects) will enroll in this study. You will be asked to complete a [*describe . . .series of questionnaires, a short interview about (X)*]. This should take about xx minutes. There is a small chance that some of the questions may make you feel uncomfortable. You don’t have to answer those questions if you don’t want to. In fact, you don’t have to answer any question that you choose not to answer. We will just skip that question and go on to the next one. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.

All the information I receive from you by phone, including your name and any other identifying information (*if applicable)*, will be strictly confidential and will be kept [*describe confidentiality provisions*]. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study (*if applicable*). If it is okay with you, I might want to use direct quotes from you, but these would only be quoted as coming from “a person” or a person of a certain label or title, like “one woman said.” (*if applicable*) When I finish with all the phone surveys from everyone who has agreed to participate, I will group all the answers together in any report or presentation. There should be no way to identify individual participants.

The risk to you might be [*describe reasonably foreseeable risks . . .if your identity were ever revealed*]. But I will not even record your name with your responses, (*if applicable*). There are no other expected risks to you for helping me with this study. There are also no expected direct benefits for you either (*if applicable*).

Information that identifies you might be removed from the [*describe the identifiable private information or identifiable biospecimens*]. After such removal, the [*describe the information or biospecimens*] could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you [*or your legally authorized representative*]. OR Your [*describe the information or biospecimens*] collected as part of the research, even if information that identifies you is removed, will not be used or distributed for future research studies.

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher (*name and complete contact information: mailing address, e-mail address, phone number*).

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

Do you have any questions?

Do I have your permission to begin asking you questions?