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| **Informed Consent Template for Screening****Notes To Researcher When Using This Template*** *Italicized* *text* is instructional language and should be deleted from the final consent form.
* Standard text 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 projects.
* The size of a consent form may vary from one to several pages depending on study complexity.
* DELETE this table from final consent form
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***Script for non-medical research***

[*Insert title of the study.*]

Thank you for calling *[insert name of research group or investigator]* regarding *[insert name of research]*. I would like to ask you a few questions in order to determine whether you may be eligible for the research. Before I begin the screening I would like to tell you a little bit about the research. [*Briefly describe the research in 1-3 sentences*.]

Would you like to continue with the screening? The screening will take about *[estimate length of screening]*. I will ask you about [provide examples of the question topics - e.g., age, eating habits, sexual behavior, drug use]. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the screening is voluntary.

Your answers will be confidential. No one will know your answers except for the research team.

*[Briefly describe for the subject what will be done with the screening information: e.g., if the subject does not qualify for the study: will the answers be destroyed, or kept without their name, etc? Alternately, if the subject qualifies for the research, decides to participate, and signs the research informed consent form, will the answers be kept with the research record?]*

Would you like to continue with the screening? [*If no, thank the person and hang-up*]

[*If yes, continue with the screening - please include all screening questions in this script*

*In order to maintain the highest degree of anonymity and protect potential subjects’ confidentiality and privacy, please combine groups of questions about sensitive topics (sexual behavior, prescription or illegal drug use, etc.) and request one response to the entire group at one time. (e.g., “Please do not answer the following 10 questions individually. When I am done asking them, you may say “yes” if one or more of the questions in the group apply, etc.).* *An answer of “yes” to a specified group of exclusionary questions may then disqualify potential subjects and determine their ineligibility without collection of sensitive information.*]

Thank you for answering the screening questions. *[Indicate whether the person is eligible, requires additional screening, or is not eligible and explain why.]*

Do you have any questions about the screening or the research? 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.

Thank you again for your willingness to answer our questions.

***Script for Medical research***

[*Insert title of the study.*]

Thank you for calling *[insert name of research group or investigator]* regarding *[insert name of research]*.

I need to ask you a few questions in order to determine whether you may be eligible for the research. I will ask you about *[provide examples, such as, your recent medical history]*. Before I begin I would like to tell you a little bit about the research.

*[Briefly describe the research. For example: The research compares Drug X and placebo (sugar pill) for people with depression. If you are eligible, your participation in the research may last 6 months and include monthly psychiatric evaluations, cognitive testing, and weekly mood evaluations.]*

Would you like to continue with the screening? The screening will take about *[estimate length of screening]*. You may feel uncomfortable answering questions about your *[provide examples, such as, medical history, personal life, etc]*. You do not have to answer any questions you do not wish to answer and you may stop at any time. Your participation in the screening is voluntary. A decision whether or not to participate in the screening will not affect your relationship with Michigan State University. You will not directly benefit from the screening.

Your answers will be confidential. No one will know the answers except for the research team.

*[Briefly describe for the subject what will be done with the screening information. Examples:*

*The subject does not qualify for the study: will the answers be destroyed, or kept without their name, etc? If the subject qualifies for an appointment: will the answers be kept with the research record if the subject decides to participate in the research project and sign the research informed consent form?]*

Would you like to continue with the screening? [*If no, thank the person and hang-up*].

[*If yes, continue with the screening*]. [*If yes, include the following at the end of the screening*]:

Thank you for answering the screening questions. *[Indicate whether the person is eligible, requires additional screening at the clinic, or is not eligible and explain why.]*

Do you have any questions about the screening or the research? 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.

Thank you again for your willingness to answer our questions.