**Verbal Consent Script Template**

**This script is to be used in combination with a letter of information that outlines all required elements.** If you do not provide a letter of information, your verbal consent script will need to include all applicable elements as outlined in the HSREB LOI/CF Checklist posted on [HSREB’s website](https://www.queensu.ca/vpr/ethics/hsreb) unless an alteration or waiver to the consent process have been reviewed and cleared by the HSREB.

**Study Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Participant Study Number/ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm the following:

I have explained all aspects of this study to the participant as outlined on the letter of information.

I answered all of the participant’s questions to their satisfaction and the participant had sufficient time to consider their participation in this study.

The participant was informed that they may choose to stop their participation at any time for any reason without penalty/impact on academic standing/impact on employment/without affecting future care.

The participant was informed that their legal rights would not be affected by consenting to participate in this study.

The participant verbally agreed to participate in this study and to follow the study procedures.

The participant was provided with/offered a copy of the Letter of Information for their records.

The participant consented to the use of Audio Recording/Video Recording/Use of Quotes

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Signature of the person conducting Printed name Date

the verbal consent discussion