**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