***General instructions: Highlighted wording indicates a section where study-specific text is required. This general wording is meant to assist researchers but must be tailored to the specific study. Some of the example text below may not apply and should be removed.***

***Template version date: 2020MAR20***

***Please delete this instructional text from the version submitted to the REB.***

Study Title: [Insert Study Title]

Principal Investigator: [Insert name and contact information]

**Documentation of Verbal Consent**

You have previously agreed to take part in this research study at Sunnybrook Health Sciences Centre. As a result of the current COVID-19 pandemic, the researchers doing this study will be [specify e.g., changing your next in-person visit to a telephone call/ etc. Specify the length of the call/session and other relevant details].

If applicable:

To use [specify videoconferencing service], we need to send you an email. This email will include the instructions for how to log-in. For the session, please try to find a quiet place where you will not be disturbed and use earphones if you can. It’s a good idea to test out the system a few minutes before the session to make sure the connection and sound are working.

If using videoconferencing (WebEx, Zoom or similar) and researchers do not have consent to contact participants by email:

Do we have your consent to send you information by email? The security of information sent by e-mail cannot be guaranteed.

[ ] No

[ ] Yes. Email Address:

Please do not communicate personal sensitive information by e-mail. Email is not routinely monitored outside of work hours. Please do not use e-mail to communicate emergency or urgent health matters – please contact your clinician or family doctor. If it is a medical emergency, call 911.

Describe any changes in the compensation process, for example (adjust as applicable to your study):

Originally, the research team would provide the study compensation after each visit, by giving it to you in person. You will still receive the same compensation for participating, even though you aren’t coming to Sunnybrook. However, we now would like to email or mail you [and, if method of compensation is changing i.e., from cash to gift card, specify this], instead of having you come to Sunnybrook. If email is used and not previously stated: The security of information sent by e-mail cannot be guaranteed.

Would you prefer to receive the compensation by mail or email?

[ ] Mail. Confirm mailing address:

[ ] Email. Confirm email address:

If not previously stated: Please do not communicate personal sensitive information by e-mail. Email is not routinely monitored outside of work hours. Please do not use e-mail to communicate emergency or urgent health matters – please contact your clinician or family doctor. If it is a medical emergency, call 911.

If session will be recorded

The session will be video/audio recorded. This recording is for research purposes only. The recording will be accessed by authorized Sunnybrook personnel.

The recorded will be transcribed. This means that the words on the recording will be written out. When the recording is transcribed, any information that could directly identify you will be removed or changed. *If applicable: The recording will be destroyed after it is transcribed.*

The rest of the information in the consent form you signed previously is the same. Do you have any questions?

[ ] No

[ ] Yes. Questions:

Do you agree to the change in study procedures we’ve discussed?

[ ] Yes

[ ] No

We would like to provide you with a copy of what we’ve talked about today, which will include your name and the study title. Can we send this to you by email or mail? If not previously stated: The security of information sent by e-mail cannot be guaranteed.

[ ] Mail. Confirm mailing address if not confirmed previously:

[ ] Email. Confirm email address if not confirmed previously:

If not previously stated: Please do not communicate personal sensitive information by e-mail. Email is not routinely monitored outside of work hours. Please do not use e-mail to communicate emergency or urgent health matters – please contact your clinician or family doctor. If it is a medical emergency, call 911.

If you have questions, you can contact the researcher in charge of that study who is [insert name] at [insert phone number]. If you have questions about your rights as a research participant or want to speak with someone who is not involved in this study, you can call the **Chair of the Sunnybrook Research Ethics Board at (416) 480-6100 ext. 88144.**

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| --- | --- | --- | --- | --- |
| Name of Participant |  | Date of Participant Verbal Consent |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person obtaining consent |  | Signature of person obtaining consent |  | Date |