**Sample**

**TELEPHONE SCRIPT- VERBAL INFORMED CONSENT:**

|  |  |  |  |
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|  | **Project Information** | | |
|  |  |  |  |
| Project Title: |  |  | Version & Date: |
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|  |  |  |  |
| ERC Project No: |  |  | Sponsor: |
|  |  |  |  |
|  |  |  |  |
| Principal Investigator: |  |  | Organization: |
|  |  |  |  |
|  |  |  |  |
| Location: |  |  | Phone: |
|  |  |  |  |
|  |  |  |  |
| Other Investigators: |  |  | Organization: |
|  |  |  |  |
|  |  |  |  |
| Location |  |  | Phone: |
|  |  |  |  |
|  |  |  |  |

Asalam-o-Allaikum

I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ calling from The Aga Khan University. I am calling regarding a study which is being conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are conducting this study to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you have a few minutes to discuss the study?

* If yes, continue below.
* If no, but the potential subject is interested in participating, determine a better time to call back to discuss the study.
* If no, thank them for their time.

You have been invited to participate in this study because­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In this study we will collect specific details about your ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_from your medical records. In addition, we are doing a survey and we will ask you few questions via telephone. The survey will take approximately 20-25 minutes of your time.

Being in this study is completely voluntary. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the Aga Khan University.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any time.

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

There may be no direct benefit to you also. However, the results of this study will help­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Any information you provide will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Nobody except principal investigator and the immediate research team will have an access to it. Study findings may be published, but you will not be individually identifiable in these publications. If you wish, we can share the study findings with you.

This study has been approved by The Aga Khan University Ethics Review Committee and will be conducted in accordance with the ethical principles.

Do you have any questions? Do you agree to participate in this study?

* Yes: Document oral consent below and continue with [the screening or interview]. If applicable, inform subject that they will receive an information sheet regarding the study for their records via [mail/email].
* No: Thank them for their time.

Name of Subject:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Obtaining Consent**

I have read this form to the subject. An explanation of the research was given and questions from the subject were solicited and answered to the subject’s satisfaction. In my judgment, the subject has demonstrated comprehension of the information. The subject has provided oral consent to participate in this study.

Name and designation of Person obtaining Consent:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Person obtaining Consent:

Name and designation of Witness:

Signature of Witness

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_