|  |
| --- |
| **Verbal Consent Documentation** |
| ***Instructions***: *This document* *is for use only in studies with an IRB-approved waiver of documentation of consent (no written signature required). It should be completed in order to document the informed consent process for an adult participant while under COVID-19 isolation.*  |
| **Consent Approval Date:**  |  | **Consent Expiration Date:** |  |

|  |  |
| --- | --- |
| **Participant’s Name (print):** |  |

**Research team member completing informed consent conversation with participant:**

(*only add people who are listed as “yes” to being involved in the consent process in myIRB*):

 [ ] [insert name] [ ] [insert name] [ ] [insert name] [ ] [insert name]

 [ ] [insert name] [ ] [insert name] [ ] [insert name] [ ] [insert name]

**Was the participant approached in person in or over the phone?**

[ ]  **Over video conference**, verbal consent obtained [ ]  **Over the phone**, verbal consent obtained

|  |
| --- |
| [ ]  **Other:** |

**---------------------------------------------------------*Modify this section to fit your study* ------------------------------------------------------------**

**Documentation of consent conversation** *(check off to verify that each of the following items were completed)***:**

[ ]  The informed consent was reviewed in its entirety with the participant and the following major points were reinforced:

[ ]  they may or may not receive any benefit from participating in this study and their participation is completely voluntary and they may quit at any time.

[ ]  the potential risks for participating include the possibility for a [**Adjust per your study**-e.g., breach of confidentiality and the potential to elevate negative feelings]. Every effort will be made to keep their information confidential, minimize risk and provide them with services as needed.

[ ]  Participation in this study includes [**insert high level summary here:** e.g., completion of surveys/questionnaires and leftover sample collection].

[ ]  they will be offered a [insert amount paid] for participating OR they will not be compensated for participating

[ ]  they can take all the time needed to consider participation.

**----------------------------*Modify this section based on the answerable items or remove if it does not apply*---------------------------------**

|  |
| --- |
| **The participant provided consent permissions for the following optional study items:**  |
| Permission for Future Use of Data  | [ ]  Yes [ ]  No | Permission to email | [ ]  Yes [ ]  No |
| Permission to share data with other researchers | [ ]  Yes [ ]  No | Permission to text  | [ ]  Yes [ ]  No |
| Permission to email PHI | [ ]  Yes [ ]  No | Permission to video/audio record | [ ]  Yes [ ]  No |
| Permission to text PHI | [ ]  Yes [ ]  No | [other, insert any additional optional items]  | [ ]  Yes [ ]  No |

**Did the participant have any questions regarding the study or the consent document?** [ ]  Yes [ ]  No *(If yes, summarize below***):**

**Summary of conversation:**

**Did the participant consent to participate in the study?**

[ ]  Yes, the participant *verbally agreed* to participate in the research study.

[ ]  No, the participant *declined participation* and they were thanked for their time and consideration.

**By signing and dating below I am confirming that all of the above information is correct and is an accurate account of the informed consent discussion, the consent was reviewed in its entirety, adequate time was given for participation consideration and that the participant confirmed their willingness to participate in the research study.**

|  |  |
| --- | --- |
| **PI/Designee Signature:** |  |
|  |  |
| **END Date & time of verbal consent conversation:** |  **/ /** | **:** | [ ] am [ ]  pm  |
|  |  MM/DD/YYYY | HH:MM |  |