**Verbal Consent Template**

**Instructions**

To stand out both on your computer screen and in black/white copies, instructions are in bold, italic, and blue type.

Instructions are in boxes and will be deleted in final document.

**IRB-required template language is in black type and should not be changed.**

Rarely, changes to the required language may be necessary. To petition for a change in required language, submit proposed changes with justification to the IRB office.

Sample language, which can be used, modified, or deleted as appropriate for your project, is in blue type. **Please maintain the blue color to distinguish your project-specific information from the required template language.**

*This template is for minimal risk projects (surveys, interviews, or minimal risk interventions/interactions (community or educational interventions) requiring a consent process.* *Please note that justification for a* ***Waiver/Alteration of the Consent Process*** *is required in your* ***Research Plan*** *when undergoing Expedited or Full Review.*

**Subject Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [only required if documentation of consent has not been waived]

**Title of Research Study:**[insert title of research study here]

**IRB Protocol Number:** [insert the “IRB#” number here]

**Investigator:**[insert name of principal investigator]

You are invited to participate in a research project about [details].

**If you agree to be part of the project**

You will be asked to [include a brief statement of the procedures that will be done. For example: “You will be asked to complete a survey and a follow-up interview.”]. We expect that you will be in this research project for [hours/days/months/weeks/years, until a certain event]. You [will or will not] be compensated. [Add compensation information if applicable].

**Risks/Benefits/Confidentiality of Data**

There are [no known risks or some possible risks] or discomforts which could cause you to feel uncomfortable, distressed, sad, tired, [please add here if necessary]. There will be no costs for participating. Although your participation in this research may not benefit you personally, it will help us understand [describe the possible benefits to society which may reasonably be expected or how the project may contribute to generalizable knowledge]. Identifiable information [will or will not] be collected. A limited number of research team members will have access to the data during the data collection. [Please explain what identifying information will be removed from the final data set, if data is not collected anonymously]. Information collected may be shared with other researchers involved in this project. We will not share any information that could identify you with others outside of the research team. If results of this project are published or presented, individual names and other personally identifiable information will not be used.

**Participation or Withdrawal**

Your decision to participate or decline participation in this research project is voluntary. Even if you decide to participate now, you may change your mind and stop at any time. Withdrawal will not affect your relationship with Cape Fear Valley Health System in anyway.

[For projects involving deception or incomplete disclosure include the following statement; If there is no deception, the following should be removed.]

As a part of this project, you may not be made fully aware of or be misled about the purpose of the project. At the end of your participation, we will provide you with that information.

**Contacts**

If you have questions, concerns, or complaints talk to the Principal Investigator [Name and contact phone or email] and [You can list another investigator such as a student if appropriate.].

This project [Protocol #] was reviewed and approved by the CFVHS Institutional Review Board.

**Questions about your rights as a research participant**

If you have questions about your rights or are dissatisfied at any time with any part of this project, you may contact the IRB Office at (910) 615-5839 or irb@capefearvalley.com.

Consent: [only required if documentation of consent has not been waived]

Do you wish to participate? Record participant’s response: Yes No

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

Signature of person obtaining consent Date

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

Printed name of person obtaining consent