**VERBAL CONSENT**

**INSTRUCTIONS:**

***The consent script should be written in simple terms understandable to the subject. Readability should not be more than an 8th-grade level.*** *Information provided in red italics needs to be filled in and the instructions should be deleted.*

**IRBNet Protocol #:** *XXXXX*

**Version Date:** *MM/DD/YY*

**Title of Research Study:** *Title must match the title in IRBNet*

**Principal Investigator:** *Name, University of Denver, Institutional Affiliation (e.g., Jane Doe, PhD, University of Denver, Morgridge College of Education)*

**Faculty Sponsor:*****If student investigator****, include the Faculty Sponsor Name. Delete if not applicable*

**Sponsor/Funding Source:** *Delete if not applicable*

**Introduction**

I am {*insert name*}a {*insert title such as student, faculty member or staff*} in the Department of {*insert department name*} at the University of Denver. {*if study is International, add: in the United States.*}

**Subjects Rights**

Your participation in this research study is completely voluntary. You can withdraw at any time. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefit to which you are entitled.

**Description of the study and study procedures**

I am conducting a research study to… *{describe the purpose of the study}.*

If you agree to participate, you will be asked to … *{describe what is being asked of the participant, identify any procedures which are experimental, and provide the expected duration of the subject’s participation. If any audiotaping/videotaping/photography will be done, specify whether this is mandatory to participation.}*

***NOTE****: If data collection involves audiotape/videotape of activities, any verbal script must advise subjects that the activities will be audiotaped/videotaped and discuss the disposition of tapes (i.e., where stored, how long they will be kept and when they will be destroyed).*

*{If this is a group interview, the following language needs to be included: “During the group interview, I will not be able to guarantee confidentiality because we will be discussing information as a group. Therefore, if you would feel uncomfortable with any of your statements being shared with others in or outside the group, please do not share them during the process.}*

**Risks**

*{Choose one of the following statements and delete those that do not apply:}*

Your participation in this study does not involve any physical or emotional risk to you beyond that of everyday life.

*Or*

Your participation does not involve any risks other than what you would encounter in daily life.

*Or*

The risks from participating in this study may include … *{Provide a description of any reasonably foreseeable risks or discomforts to the subjects, including any physical or emotional risks, as well as potential breaches of confidentiality.}*

**Benefits**

*{Choose one of the following statements and delete those that do not apply:}*

You are not likely to have any direct benefit from being in this research study.

*Or*

The possible benefits to you from this study include…

*Or*

Taking part in this study may help researchers to better understand...

*{State any benefits that can be reasonably expected in a way that is not potentially coercive. If this study focuses on a person with a condition (i.e., a learning disability), avoid stating that the subject may benefit from closer monitoring of their condition.*

*Do not include information on payment or reimbursement for participation as a benefit. Put this information in the Financial Information section.*

*If participation in the research project provides course credit, describe this in a separate section on Course Credit and Alternatives.}*

**Financial Information**

*{Choose one of the following statements and delete the one that does not apply:}*

Participation in this study will involve no cost to you. You will not be paid for participating in this study.

*Or*

*{Provide specific information about payment and reimbursement (e.g., dollars per visit, payment for testing, evaluation, transportation.)*

*Specify when payment will be made and in what form.*

*Indicate whether you will prorate payment for partial participation, and explain exactly how this will be done.*

*For lottery drawings, include the following: when the drawing(s) will occur, who will conduct the drawing(s), how payment will be made, the value of the prize(s), the number of prizes, the chances of winning.*

*Acceptable terms include “payment,” “renumeration,” “reimbursement,” “gift,” “prize,” “token of appreciation,” etc.}*

**Confidentiality**

Study records that can identify you will be kept confidential by … *{describe the mechanisms for maintaining confidentiality of data, i.e., removing identifiers, storing identifiers, storing data with a study code, allowing any research staff to review data in a password protected computer, etc. If any audio-taping/video-taping/photograph is use, specify how the study media will be kept private and confidential.}*

The results of the research study may be published, but your name will not be used.

**Future research:**

*{Required. Choose one of the following statements and delete the one that does not apply:}*

Identifiers might be removed from the identifiable private information *{or identifiable biospecimens}* and could then be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you *{or your legally authorized representative}*.

***OR***

Your information *{or biospecimens}* collected as part of the research, even if identifiers are removed, will NOT be used or distributed for future research studies.

**Whom to contact with questions**

If you have any questions or problems during your time on this study, you should contact *{give name, department, phone number, and department address if applicable. Include advisor name/phone if student, and identify as advisor}.*

If you have any questions regarding your rights as a research subject, please contact

the University of Denver’s Institutional Review Board (IRB) Office at IRBAdmin@du.edu.

**Consent Section**

Do you wish to participate?

Record Subject’s response: Yes No

*{If audio recording, video recording, or photography will be done, include the following question:}*   
  
Do you agree to be *{*audio-taped / video-taped / photographed*}*? *{If more than one is being used, include as a separate question. Delete the type of recording that is not applicable}*

Record Subject’s response: Yes No

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Name of Subject (printed) Date

*{Required: A copy of this verbal consent form must be offered to the subject.}*