***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: April 8 2020***

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

***Adapted with permission from Sunnybrook Health Sciences Centre***

Study Title: [**Insert Lay Study Title that does not include a Diagnosis**]

Principal Investigator: [Insert name and contact information]

**Documentation of Verbal Consent**

You have previously agreed to take part in this research study at the Bloorview Research institute at Holland Bloorview. As a result of the current COVID-19 pandemic, we are taking certain precautionary steps for the safety of our participants and research staff. As such, we wanted to notify you of some changes to the study.

The researchers doing this study will be [Describe and 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].

[Describe impact to them including special instructions, new schedule or timeline, any new risks]

If applicable:

To use Zoom videoconferencing 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 Zoom videoconferencing 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 Holland Bloorview. However, we now would like to email or mail you [and, if method of compensation is changing i.e. gift card, specify this], instead of having you come to Holland Bloorview. 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 email. 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 Holland Bloorview personnel.

The recording 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:

Participation in the study is voluntary and you remain free to withdraw from the study at any time without impact to your or your family’s care at Holland Bloorview.

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 lay study title (that does not include any health information). Can we send this to you by email or mail? If not previously stated: The security of information sent by email 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 email. 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 the 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 email the **Manager of the Research Ethics Office at Holland Bloorview, Marie Steele msteele@hollandbloorview.ca**

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

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