**Research informed Consent form**

***Please replace or delete the instructional text in red font before submitting to the REB. Arrange to give or send a copy of the Consent Form to participants.***

**Text in blue is sample wording that is acceptable to the REB. However, make sure to alter the wording, if necessary, to reflect your research plan, or to include any additional needed information.**

# Project Title: *Insert Project Title;*

**Version Date: *Month/Day/Year***

# Name and Contact Information of Researchers

 *Name, Hospital or University, Department/School/Faculty of \*\*\**

 Tel.: \*\*

 Email: \*\*

 Supervisor and Contact Information: *(if any)*

Project Sponsor and Funder (if any)

 *Study Sponsor*

# Bruyère Research Ethics Board Approval

 Date of Approval: \*\*\*

 Study # \*\*\*\*

# Invitation

You are invited to take part in a research project because you are …. The information in this form is intended to help you understand what we are asking of you so that you can decide whether you agree to participate in this study. Your participation is entirely voluntary, and a decision not to participate will not be used against you in any way. As you read this form, and decide whether to participate, please ask all the questions you might have, take whatever time you need, and consult with others as you wish.

# What is the purpose of the study?

*Briefly describe the background and purpose of the study*

# What will I be asked to do?

If you agree to take part in the study, we will ask you to:

*For example:*

* *What will the participant be asked to do (e.g. complete a survey, individual interview, focus group, exercise program, etc.)?*
* *If the study requirements are more involved or involve ongoing activities, describe these.*
* *What is the nature of the information to be collected?*
* *Where will this take place?*
* *How many study visits will be involved and long is/are the activity(ies) expected to last?*
* *Will the interview be audio or videotaped, and if so, can the participant choose not to recorded?*
* *During the audio or video recording, what confidential data will be collected?*

# Risks and Inconveniences

*Describe any foreseeable physical, emotional/psychological, social/legal/economic, or privacy risks entailed by participating in the project along with any special discomforts or inconveniences that may be experienced. Mention only reasonably foreseeable risks.*

Or

We do not anticipate any risks to participating in this study.

# Possible Benefits

*Describe possible benefits or:*

You may not receive any direct benefit from your participation in this study. However, your participation may allow researchers to better understand…

# Compensation/Incentives

*Describe any compensation or incentives to be paid or given to participants. Where participation involves multiple visits or activities, describe if and how compensation will be prorated among these visits.*

Or

You will not be paid or compensated for your participation in this study.

# No waiver of your rights

By signing this form, you are not waiving any rights or releasing the researchers from any liability.

# Withdrawing from the study

If you withdraw your consent during the course of the study, all information collected from you before your withdrawal [will be discarded or] will still be used, unless you request that it be removed from the study data.

After the study, you may request that your data be removed from the study and deleted by notice given to the Principal Investigator (named above) [within *\*\* days/months* after your completion] or [before (date)].

# Confidentiality

We will remove all identifying information from the study data as soon as possible, which will be after …

We will treat your personal information as confidential, although absolute privacy cannot be guaranteed. However, research records identifying you may be accessed by *(Insert any other reasonably foreseeable disclosure obligations)* … and by the Bruyère Continuing Care Research Ethics Board for the purpose of monitoring the research*.*

The results of this study may be published or presented at an academic conference or meeting, but the data will be presented so that it will not be possible to identify any participants unless you give your express consent. De-identified data from this study may be shared with other researchers for verification, and to permit them to build upon our findings.

You will be assigned a code [or pseudonym] so that your identity will not be directly associated with the data you have provided. All data, including coded information, will be kept in a password-protected [or encrypted] file on a secure computer.

*When potentially identifiable data will be stored on any server:* Your data will be stored and protected by [Organization], in a server located in [Country], but may be disclosed via a court order or data breach.

We will encrypt [or password protect] any research data that we store or transfer.

# Data Retention

After the study is completed, your de-identified data will be retained for future research use, and

Or

Your de-identified data will be retained for a period of \*\* years and then securely destroyed.

*If photographs, videos or audio recordings are to be used, describe whether they will identify the participant and ask for consent – see below.*

# New information during the study

In the event that any changes could affect your decision to continue participating in this study, you will be promptly informed.

# Ethics review

This project has been reviewed and approved by the Bruyère Continuing Care Research Ethics Board as study #\*\*\*\*\*. If you have any ethical concerns about the study, or the way it is conducted, please contact the Bruyère Continuing Care REB: (613) 562-6262 Ext. 4003. Please note that during the time of the COVID-19 pandemic it is usually not possible to reach the REB staff by telephone. Accordingly, until more normal times, please contact the REB by email at REB@bruyere.org

# Statement of consent – print and sign name

I \_\_\_[*name of study participant*]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the information given in this informed consent and all my questions have been answered to my satisfaction. I have had sufficient time to consider whether to participate in this study. I understand that my participation in this study is voluntary and that I may withdraw from the study at any time without penalty.

I voluntarily agree to participate in this study.

I would like you to send me a summary of results from this study when they are available. \_\_\_Yes \_\_\_No

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be (audio/video recorded/photographed …) \_\_\_Yes \_\_\_No

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

Signature of participant Date:

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

Team member who interacted with the participant Date:

To the best of my knowledge, the information in this consent form, and the information that I, *(print name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have provided in response to any questions, fairly represents the project. I am committed to conducting this study in compliance with all the ethical standards that apply to projects that involve human subjects. I will ensure that the subject receives a copy of this consent form.

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

Signature of researcher Date