**TEMPLATE**

**Verbal Consent for Contact Tracing**

**Face-to-Face Research Participation**

**Version Date: February 2023**

**Bruyère Research Ethics Board Approval**

Date of Approval: 23/Feb/2023

**Overview**

This document contains important information regarding face-to-face study participation at the Bruyère Research Institute (Bruyère RI). Before providing verbal approval of this form, please ask all of the questions you might have, take as much time as you need, and consult with others as you wish.

**Contact Tracing**

During pandemic and other public health outbreak situations, it may be necessary to share your contact information with Bruyère’s Contact Tracing Team or Ottawa Public Health in order to support contact tracing efforts. This sharing of information will only be done when deemed necessary for public health and safety, and will only include your contact information, such as name, telephone number, and email address. We will not share any information about your participation in the research study, nor will your study data be accessed by non-authorized persons at Bruyère or Ottawa Public Health at any time.

In consenting to participate in this study, you consent to this sharing of information when necessary. To provide additional context, the two situations where this could occur are (1) someone you came into contact with while participating in a research study was later found to be infectious with COVID-19 or another serious contagious illness that is tracked by Bruyère and Ottawa Public Health, and they want to inform you of this event, or (2) you notify us that you may have been infectious with COVID-19 or another serious contagious illness while in contact with a member of a research team or onsite at Bruyère, and Bruyère’s Contact Tracing Team will want to follow up with you to determine whether they need to notify anyone else of a possible exposure to the illness.

These policies/procedures have been reviewed and approved by the Bruyère Research Institute and the Bruyère Research Ethics Board.

If you require further information or have questions at any time about the information outlined above please contact [RESEARCH TEAM CONTACT, CONTACT NUMBER, CONTACT EMAIL].

**SIGNATURE OF PERSON OBTAINING CONSENT**

I have personally explained the consent form to the participant (name of the participant – print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and the study partner (if applicable) (name of the study partner-print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and answered all of his/her/their questions. I believe that s/he/they understands the information described in this document and freely consents to participate.

I (name of person obtaining informed consent (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Witnessed verbal consent by telephone on (date: dd/mmm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at (time: hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_