SAMPLE CONSENT FORM-Telephone Survey

The Oklahoma State Department of Health is requesting that you participate in a research study regarding **describe the issue**.

Discuss the purpose of the study.
You are being asked to take part in this study because:
• You have been diagnosed as having **insert name of disease here**
• You were involved in **insert name of event being studied here** *(i.e. the Oklahoma City Bombing or May 3rd tornadoes)*
• You are a member of **insert name of group/tribe/school being studied here**

Example: PRAMS is short for Pregnancy Risk Monitoring System. We want to find out why some babies are born healthy and others are not. We would like you to answer some questions about your recent pregnancy. The information you give us will be used to help us build programs to benefit mothers and babies.

Describe How Many People Will Take Part In The Study.
About **number** people will take part in this study in Oklahoma/nationwide. Indicate how they were selected or identified.

Describe What Is Involved In The Study.

Describe How Long Participation For The Study is Anticipated. Examples: We think that you will be in the study for **insert number of days, weeks, months** anticipated for study participation. OR The survey will take approximately 30 minutes of your time.

Describe The Risks of The Study. Describe The Benefits to Taking Part in The Study.
These sections are required by Federal Regulations. If the study is a minimal/no risk study with no direct benefits, then these sections can be combined into one section and can simply read as follows: There are no risks or benefits to you for participating in this study. Your alternative is not to participate in this study. Include sensitive questions if applicable: Some questions may be sensitive such as questions regarding drug use or your sexual history.

Describe Mechanisms for Maintaining Confidentiality. Examples: Efforts will be made to keep your personal information confidential; we keep all surveys locked in filing cabinet that is in a locked room. You will not be identifiable by name or description in any reports or publications about this study. Your answers will be grouped with information from other participants.

Describe Any Costs to Participating in the Research.

Describe the Rights As a Participant.
Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. If you agree to take part and then decide against it, you can withdraw for any reason.

Describe Whom To Call With Questions or Problems.
If you have questions about the study or have a research-related injury, contact the **Principal Investigator** at **phone number**. For questions about your rights as a research subject, contact Malinda Douglas, OSDH IRB Administrator at (405) 271-4072.

Obtain verbal consent. Do you consent to participate in this research?