**VERBAL CONSENT TO CONTACT FOR RESEARCH PURPOSES**

This study has been approved by the Conjoint Health Research Ethics Board Alberta (CHREB- Ethics approval pending).

This script will be read by a member of the clinical team (i.e. transplant coordinator) to request consent to contact for transplant wellness program to reach out to patient to inform them about researcher.

*Please read the script below to you patient:*

**“Hello, may I please speak with {insert the name of the potential participant here}.”**

*If the potential participant is not available, ask if there is a better time to call. Do not leave a message. If the potential participant is available, continue with the conversation.*

*Introduce yourself by name and position.*

**“I am calling on behalf of Transplant Wellness Team from the University of Calgary. You are being invited to give consent for a qualified member of a study team to contact you to invite you to participate in a research study.**

**Transplant Wellness Team is conducting a study investigating how exercise, wellness resources and access to wellness behavior change support can help pre- or post-transplant patients change their behaviors to promote physical and mental wellness. They are studying how this intervention can help future organ transplant recipients become more physically active and better prepared for upcoming transplant.**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you willing to learn more about this study?”**

Please record the patient’s answer:

☐YES

☐NO

*If the patient asks, “What is Wellness?”:*

*Wellness is the state of complete physical, mental, and social wellbeing. It is the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes.*

*If the potential participant answers “****NO****”, ask them if they would be willing to provide a reason.*

*If the potential participant does not wish to provide a reason, thank them for their time and end the call.*

*If the potential participant has a reason, please note it below, thank them for their time and end the call.*

*Reason for not wanting to learn more about the study:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If the potential participant answers “****YES****”, please read the remaining script*.

**“Do you agree to let {insert the name of the patient’s physician} give your name and contact information to the research team for the purpose of being contacted to learn more about the research study?**

**Every effort will be made to safeguard your contact information. Although access to this information will be limited, there is a small chance that this information could be inadvertently disclosed or inappropriately accessed.**

**You have been made aware of the reasons why the contact information is needed and the risks and benefits of consenting or refusing to consent.**

**This consent is effective immediately. Your consent to be contacted can be revoked by you at any time.**

**Do you consent for us to provide the study team with your contact information?”**

Please record the patient’s answer:

☐YES

☐NO

*If the potential participant answers “NO”, thank them for their time and end the call.*

*If the potential participant answers “YES”, please ask them for their preferred method of being contacted.*

**“Thank you for being willing to be contacted about this study. You will be contacted at a later date. Do you prefer to have the research team contact you by telephone or email?**

**How would you like to be contacted; by telephone or email?**

*Please record the potential participant’s preferred method of contact and their contact information.*

☐Telephone**:**

☐E-mail:

**“Thank you for your time. The research team will contact you to discuss the study further”**