

**Script for Telephonic consent**

**Principal Investigator:**

**Project no:**

**Project Title:**

Hello,

My name is \_\_\_\_\_ and I am calling from Tata Memorial Centre (TMC).

We are doing a study at \_\_\_\_\_ TMH/ ACTREC and the principal investigator is

Dr \_\_\_\_\_ . In this study we would like to use your data/information for the study

Purpose. \_\_\_\_\_

Brief Lay Summary of Project

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This study will help \_\_\_\_\_

This study involves, the analysis of patients medical data that has been collected as a part of your routine medical care.

If your decided to participate, you will be asked few questions related to \_\_\_\_\_ ( general condition and disease status)

The data will be kept anonymously and your name and personal identifiers will not be presented or disclosed in any of the publication. The confidentiality of the information will be maintained.

Mention risk \_\_\_\_\_

Benefit \_\_\_\_\_ (direct or indirect)

You will not be paid for participating in this study.

You can decide about your participation in \_\_\_\_\_ hour. Inform me whether you are willing to participate or not.

When shall I call you \_\_\_\_\_ time to be mentioned.

Statement regarding voluntary participation. \_\_\_\_\_

Do you have any questions ??????. If you any queires related to study, you can contact Principal Investigator (PI)/ \_\_\_\_\_ , and for ethical rights, you can contact Member Secretary, IEC III, 27405154

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

I understand that my participation in the study titled \_\_\_\_\_ conducted by Dr. \_\_\_\_\_ is voluntary and that I am free to refuse/withdraw at any time without giving my reason at any stage of the study and my medical treatment/ legal rights will not be affected.

I am willing to allow the use of my / my patient's data or information for the study.

Patient / Patient's relative is willing to participate in the study and give telephonic consent-

Yes       No

**Name of PI / Co-I:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_