 *[if applicable insert local NHS organisation logo]*

**SCRIPT FOR VERBAL CONSENT**

*Study title: Prevalence of Pathogenic Antibodies in Psychosis 2 (PPiP2)*

***Note: This script is to be used when a participant consents to take part in a research study but cannot attend a study visit and give written consent for any reason.***

***Participant study ID:***

**Date of verbal consent (dd/mm/yy): \_\_ / \_\_ / \_\_**

Hello, my name is [*researcher’s name*] and I am a researcher working in the department *<insert department>* at the *<insert institution*>. Your doctor/nurse informed you about my call. Thank you for agreeing to talk to me.

I believe your doctor/nurse invited you to take part in our research study called “PPiP2” and you indicated that you would like to take part in the study. You received an information leaflet about what we would like you to do and how we would manage your information.

As you/we are not able to attend a study visit at your hospital/clinical team base/ or you indicated that would like to have a study visit over the phone/ video call so I will go through the study Participant Information Sheet and Consent Form with you if you wish and record any questions or answers you might have. Are you happy for me to do this?

Would you like me to further explain the study to you and go through the Participant Information Sheet?

**Record participant’s response:** Yes / No

***If yes, record any questions and responses given, below.***

Do you have any further questions you would like to ask me at this stage?

**Record participant’s response: Yes / No**

***If yes, record any questions and responses given, below.***

I will now be reading the questions on the consent form to you and recording your answers. Are you happy for me to do this?

***If the answer is:***

***YES - ask the participant to state their full name and read consent statements 1-10 from the consent form and ask the participant to respond verbally to each consent statement;***

***NO - thank the participant for their time and leave without collecting any data. Note that the participant did not proceed with the study.***

Thank you very much for agreeing to take part in our study.

**PARTICIPANT VERBAL CONSENT CONFIRMATION FORM**

**After explaining the study to the participant and reading the PIS and ICF to them**

**I can confirm that the participant agreed to be involved.**

……………………………………………………………… …………………………….

Name of Participant Date of verbal consent

……………………………………………………………… …………………………….

Name of Person taking consent Date

*………………………………………………………………*

Signature of person taking consent

***If the participant is happy to proceed with the study procedures, provide details about blood sample collection (e.g. who, when and where will collect blood sample). If possible make arrangements for the blood collection in advance. Agree with the participant the most convenient way to deliver the Verbal Consent Form.***

***Options regarding a collection of the samples:***

***SITEs:***

Please provide your name and the most suitable contact details below so that I/a member of the research/clinical team can contact you to arrange/confirm a convenient time for you to obtain your blood sample.

Name: …………………………………………………………………………………………………

Telephone Home: ……………………………………………………………………………………

Telephone Mobile:……………………………………………………………………………………

Home Address:………………………………………………………….........................................

Email: …………………………………………………………………………………………………..

***Oxford University:*** (site consenting participants and obtaining samples, if required, under a Material Transfer Agreement or an appropriate agreement).

Please provide details of your hospital/community doctor/clinical team or your GP so that we can contact them and obtain your samples for the study as they were already collected to test for neuronal membrane antibodies.

Name of Doctor/GP/clinical team:…………………………………….Telephone:……………….

Address:…………………………………………………………………………………………………

Email: …………………………………………………………………………………………………..