** ADD OWN DEPARTMENTAL LOGO**

**Telephone Recruitment Script**

***THIS DOCUMENT****: was developed to provide language for recruiting human subject research participants via telephone.*

***BLUE TEXT****: represents guidance language*

***BLACK TEXT****: represents example standardized language*

***RED TEXT:*** *is instructional*

Hello, my name is\_\_\_\_\_\_\_\_\_\_\_. I am a *student/faculty member/staff member)* from NYU Langone Health conducting a research study titled “*ENTER TITLE*”. I am contacting you because the information in your medical record indicates that you may be eligible for participation in the study. We have not accessed your medical record, but we have obtained your name from NYU Langone MCIT’s Datacore as someone who may be eligible given the study criteria. The purpose of this call is to see if you meet the eligibility criteria and if you would be interested in learning more about the study.

If you feel you have been contacted for this study in error, please let me know. If you would like to remove your name from our contact listfor future research studies*,*please call (1-855-777-7858) or email ([research-contact-optout@nyumc.org](mailto:research-contact-optout@nyumc.org)).

Would you be willing to hear more information about this study?

IF NO

Thank you for your time. Goodbye.

IF YES

Thank you for agreeing to continue. Let me tell you more about this study and what will be required of you.

Your participation is completely voluntary. This means that you do not have to participate in this study

unless you want to*.*

Your decision whether or not to participate in this study will not affect your relationship with your medical providers or NYU Langone Health.

The purpose of this study is to find *fill in a description of the study and purpose in lay terms* (you should include text stating if the product and/or intervention used are investigational),

The study will require X visits over a period of X weeks/months. The visits will be at *FILL IN SITE*. These visits will last *X* hours. *PROVIDE ANY OTHER INFORMATION ABOUT THE STUDY VISITS AND COMMITMENT OF SUBJECT*.

If you are eligible for the study, *briefly describe what will happen when eligibility is determined* e.g. You will be randomized to one of two arms. The two arms are…. .

Choose one:

There is no cost for participation in the study. OR

There will be some costs to you or your insurance if you decide to participate.

If you agree to participate you will/will not receive compensation for travel and time.

If you are willing to consider participation in the study, I will send to you the informed consent form with more detailed information about the study. We will also call you again to discuss the study before you signed the informed consent form.

Before we proceed, I would like to ask you some questions to see if you are eligible to participate: Fill in with questions that will be used to assess eligibility

*If they do not agree to answer questions, thank them for their time and end the call.*

*If they do agree to answer questions, begin asking questions.*

Allow time for the subject to ask questions prior to moving onto the consenting process. Do you have any further questions for me at this time regarding the research study

**e-Consent Instructions**   
If your study has been approved to use electronic informed consent (e-Consent) processes to consent subjects remotely, send a link to the consent materials to the participant through SendSafe or REDCap.

If you have NOT been approved to use e-Consent:

Thank you for your time. Goodbye.

If they are eligible proceed with:

We are able to send the informed consent materials electronically to you through (SendSafe/REDCap). Would you prefer that we send the form to your NYU Langone Health account, or another email address?

*If other email address:*

We will send the consent form to you using SendSafe.