If you are using Epic for this study, fax a copy of the signed consent form to 410-367-7382.

Patient I.D. plate

Patient I.D. Plate

**RESEARCH PARTICIPANT ORAL CONSENT ADDENDUM**

**Use of Venmo for Payment**

**What is the purpose of this consent form?**

You are currently taking part in this research study listed below:

|  |  |  |
| --- | --- | --- |
| Study Number | Study Title | PI Name, Phone Number, Address and Fax Number |
|  |  |  |

Since you joined the study, there has been a change to the method of payment for study participation. The purpose of this form is to share this new information with you.

The change to participant payment is as follows:

As we have had to reduce our in-person visits for this study during the COVID-19 pandemic, we are now offering the use of Venmo for payments to participants for virtual study visits. Venmo is an independent company that is not affiliated with Johns Hopkins. The use of Venmo as a payment option allows remote payment to help protect the safety of participants and the research staff. Venmo may collect personal information (first and last name, email address, phone numbers, bank account information) that is needed to pay you for being in the study. There are some security protections needed to make sure your personal information is protected. The study staff will discuss those with you.

If you have any questions about this information, contact the Principal Investigator by phone, email or fax (listed above).

|  |  |  |
| --- | --- | --- |
| Name of participant | Patient MRN Number/Study ID | Name of LAR or N/A |
|  |  |  |
| Date of Oral Consent | Name of Consent Designee | Signature of Consent Designee\* |
|  |  |  |

**\*My signature indicates that I have presented the oral consent script for this study to the person listed above and they have verbally confirmed their willingness to accept Venmo payments for research visits.**