

(Sample Oral Presentation)

ORAL PRESENTATION

The following information should be included:

1. **Purpose:** Give brief statement of purpose of the investigation, why it is being performed and what use may be made of the results.
2. **Description of Study:** Describe the experimental procedure(s), including invasive techniques, duration, amount of time required of the participants, number of participants, restrictions on normal activities, etc.
3. **Benefits:** Describe any benefits that may occur to the participant or to others as a result of participation in the study, including therapeutic benefits or payments.
4. **Risks:** Describe any known physical, psychological, social, or financial research-related risks, inconveniences, or side effects that can be expected and what measures will be taken to minimize any hazard or discomfort or, when applicable, a statement that the risks cannot currently be predicted. When a risk of injury exists, describe whether any treatments are available if injury occurs and if so, what they consist of, or where further information may be obtained.
5. **Confidentiality:** Describe the extent, if any, to which confidentiality of records identifying the participant will be maintained.
6. **Alternative Procedures:** Discuss alternative courses of action open to the participant instead of participation in the study, if any (generally another accepted course of therapy or diagnostic procedure).
7. **Participant's Assurance:** (this may be used verbatim or paraphrased)
This project has been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board at 601-266-6820. Participation in this project is completely voluntary, and participants may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Any questions about the research should be directed to researcher's name(s) at phone number(s).

Signature of Person Giving Oral Presentation

Date

8. NOTE: Complete statement of what is to be said to the subject is required.