

(Sample Consent Long Form)

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT

Consent is hereby given to participate in the study titled:
(title of study)

1. **Purpose:** Give a 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 accrue to the participant as a result of participation in the study, including therapeutic benefits or payments.
4. **Risks:** List 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, include the following statement: "The University of Southern Mississippi has no mechanism to provide compensation for participants who may incur injuries as a result of participating in research projects. However, efforts will be made to make available the facilities and professional skills at the University." Describe whether any treatments are available if injury occurs and if so, what they consist of, or where further information may be obtained. Provide name and phone number of whom to contact in the event of research-related injury. Any new information that develops during the study must be provided to the participants, if that information might affect their willingness to participate in the project.
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) Whereas no assurance can be made concerning results that may be obtained (since results from investigational studies cannot be predicted) the researcher will take every precaution consistent with the best scientific practice. Participation in this project is completely voluntary, and participants may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Questions concerning the research should be directed to researcher(s) name(s) at telephone number(s). This project and this consent form have 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, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820. A copy of this form will be given to the participant.
8. **Signatures:** In conformance with the federal guidelines, the signature of the participant or

