# 

# Institutional Review BOard

# ORAL PRESENTATION OF RESEARCH PROCEDURES

|  |
| --- |
| **ORAL PRESENTATION OF RESEARCH PROCEDURES** |
| This document is to be used in conjunction with: 1) an oral presentation witness form and 2) a signed consent.   * ***Use of this template is optional.*** However, by federal regulations ([45 **CFR** 46.116](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html#:~:text=The%20HHS%20regulations%20require%20that,been%20waived%20by%20an%20IRB.)), all consent documentation must address each of the required elements listed below (purpose, procedures, duration, benefits, risks, alternative procedures, confidentiality, whom to contact in case of injury, and a statement that participation is voluntary). * An oral presentation script must be submitted to the IRB for approval. * Copies of the oral presentation should be provided to all participants.   Last Edited March 13th, 2023 |

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s date: | | | |
| Project INformation | | | |
| Project Title: | | | |
| Protocol Number: | | | |
| Principal Investigator: | Phone: | | Email: |
| College: Choose an item. | | School and Program: | |
| Oral PRESENTATION PROCEDURES | | | |
| 1. **Purpose**:  [Describe 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 duration, amount of time required of the participants, number of participants, restrictions on normal activities, invasive techniques, etc.]  3. **Benefits:**  [Describe any tangible or intangible benefits that may occur to the participant or to others as a result of participation in the study.]  4. **Risks:**  [Describe any known physical, psychological, social, or financial research-related risks, inconveniences, or side effects (expected and potential) and indicate what measures will be taken to minimize them.]  5. **Confidentiality:**  [Describe confidentiality procedures. Detail the extent, if any, to which confidentiality of records identifying the participant will be protected.]  6. **Alternative Procedures:**  [Describe alternatives to participation that will be presented to participants in the study (generally another accepted course of therapy or diagnostic procedure, etc.).]  7. **Participant’s Assurance:**  This project has been approved 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 #5125, Hattiesburg, MS 39406-0001, 601-266-5997.  Any questions about this research project should be directed to the Principal Investigator using the contact information provided above. | | | |