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# Institutional Review BOard

# SIGNED coNSENT

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| **SIGNED CONSENT PROCEDURES** |
| This document is to be used in conjunction with: 1) an oral presentation of research procedures and 2) an oral presentation witness form. * ***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).
* Documentation must be completed and signed by each potential research participant.
* Signed copies of consent should be provided to all participants.
* The witness may be either a third party, such as a translator, or the Principal Investigator if they are able to ensure that all of the participants’ questions have been adequately addressed.

 Last Edited May 18th, 2022 |

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| Today’s date:           |
| **Project INformation** |
| Project Title:       |
| Protocol Number:       |
| Principal Investigator:       | Phone:       | Email:       |
| College:            | School and Program:       |
| **CONSENT TO PARTICIPATE IN RESEARCH** |
|  **Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            I hereby consent to participate in this research project. All research procedures and their purpose were explained to me, and I had the opportunity to ask questions about both the procedures and their purpose. I received information about all expected benefits, risks, inconveniences, or discomforts, and I had the opportunity to ask questions about them. I understand my participation in the project is completely voluntary and that I may withdraw from the project at any time without penalty, prejudice, or loss of benefits. I understand the extent to which my personal information will be kept confidential. As the research proceeds, I understand that any new information that emerges and that might be relevant to my willingness to continue my participation will be provided to me. ***(******Include the following information only if applicable. Otherwise delete this entire paragraph before submitting for IRB approval:)*** The University of Southern Mississippi has no mechanism to provide compensation for participants who may incur injuries as a result of participation in research projects. However, efforts will be made to make available the facilities and professional skills at the University. Participants may incur charges as a result of treatment related to research injuries. Information regarding treatment or the absence of treatment has been given above.                  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Research Participant Witness** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Date**  |