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# Institutional Review BOard

# ORAL PRESENTATION OF RESEARCH PROCEDURES

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| **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 May 18th, 2022 |

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| 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 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 #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. |