# ORI Logo

# Institutional Review BOard

# STANDARD (ONLINE) INFORMED CONSENT

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| **STANDARD (ONLINE) INFORMED CONSENT PROCEDURES** |
| * ***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).   Last Edited August 13th, 2021 |

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| Today’s date: | | | |
| Project INformation | | | |
| Project Title: | | | |
| Principal Investigator: | Phone: | | Email: |
| College: Choose an item. | | School and Program: | |
| RESEARCH DESCRIPTION | | | |
| 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 benefits that may occur to the participant or to others as a result of participation in the study, including all benefits or payments. If the potential for medical injury exists, identify treatment procedures or the absence thereof.]  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.If the potential for medical injury exists, identify treatment procedures or the absence thereof.]  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 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 #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. | | | |
| CONSENT TO PARTICIPATE IN RESEARCH | | | |
| I understand that participation in this project is completely voluntary, and I may withdraw at any time without penalty, prejudice, or loss of benefits. Unless described above, all personal information will be kept strictly confidential, including my name and other identifying information. All procedures to be followed and their purposes were explained to me. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected. Any new information that develops during the project will be provided to me if that information may affect my willingness to continue participation in the project.  ***(******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.  **CONSENT TO PARTICIPATE IN RESEARCH**  By clicking the box below, I give my consent to participate in this research project. ***If you do not wish to participate in this study, please close your browser now.***  Yes, I consent to participate. | | | |