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Institutional Review BOard

**ORAL PRESENtATION WITNESS**

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| **ORAL PRESENTATION WITNESS PROCEDURES** |
| This document is to be used in conjunction with: 1) an oral presentation of research procedures 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). * Documentation must be completed and signed by a witness of the oral presentation to each potential research participant. * Information detailed in the oral presentation must be discussed with all potential research participants before signing as a witness. * Witness signed copies 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 August 24th, 2021 |

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| Today’s date: | | | |
| **Project INformation** | | | |
| Project Title: | | | |
| Principal Investigator: | Phone: | | Email: |
| College: | | School and Program: | |
| **CONSENT TO PARTICIPATE IN RESEARCH** | | | |
| Consent is hereby given to participate in this research project. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.  The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and the participant was informed that they may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the participant’s willingness to continue participation in the project.  Questions concerning the research, at any time during or after the project, should be directed to the Principal Investigator using the contact information provided above. This project and consent procedures 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.      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Research Participant Witness Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Date** | | | |