

## **SAMPLE ORAL CONSENT SCRIPT**

You are invited to participate in a **research study about (purpose of your study here)**. You will be asked to participate in (*filling out questionnaires, interviews, or names of specific procedures*).

There are no risks associated with this interview. (*Or, specifics about any minimal risks involved in participation*)

Please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study. I will provide you with my contact information if you have any questions for me about this study, or anything else. The card also has the contact information for the Office of Sponsored Research and Programs if you have any questions about your rights as a participant.

**Hand out a separate business card or contact sheet to subjects which includes the following contact information:**

### **FOR QUESTIONS ABOUT THE STUDY**

- Appointment Contact: If you need to change your appointment, please contact (*insert name*) at (*insert phone number*).
- Questions, Concerns, or Complaints: \*If you have any questions, concerns or complaints about this **research study**, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director. You may contact him/her now or later at (*insert name and phone number of Protocol Director*).
- Emergency Contact: \*If you feel you have been **hurt by being a part of this study**, or need immediate assistance please contact (*insert name of Emergency Contact*) at (*insert Emergency Contact's phone number*) or (if applicable) the Faculty Sponsor, (*insert name of Faculty Sponsor*) at (*insert Faculty Sponsor's phone number*).
- Alternate Contact: If you cannot reach the Protocol Director, please page the research team at (*insert research team's pager number*).
- Independent of the Research Team Contact: \*If you are not satisfied with the manner in which this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights

as a research study subject, please contact the Missouri State University Institutional Review Board (IRB).

**OR if subjects are not English speaking:**

Identify a local contact person to act as a liaison and translator for subjects who may want to contact the Institutional Review Board with questions or complaints. Include the following statement:

*"If you have questions about your rights as a study participant or are dissatisfied at any time with any aspect of this study, you may contact - anonymously, if you wish, (insert name and contact information for the designated liaison/translator), who will assist you in contacting Missouri State University's IRB".*