ORAL CONSENT SCRIPT GUIDELINES

***Note to investigators:*** *This is the information that the OSU IRB expects to see included in an oral consent script. Use these guidelines to develop the script for your study. Please make adjustments as needed for your study.*

**PLEASE MAKE SURE THAT:**

**People understand they are taking part in a research project.** They understand what you are asking of them, and they freely consent to participate. You have their permission to use the information you gather about them in the ways you intend.

**People understand what kinds of information you are collecting** and what materials you will be carrying away from your interactions with them. Describe how you will be protecting this information.

**People know when you are collecting personal identifying information** about them and that you will respect their wishes to have their identity acknowledged or kept confidential.

**People understand the risks** they incur in participating in your research and what you are doing to minimize them.

**People know the steps researchers are taking to reduce the risk of spread of COVID-19 if the study in in person see recommendations at** <https://research.okstate.edu/compliance/irb/irb-covid-19.html>

**People know** whether their involvement in your research brings them any **benefits**.

**People know** whether they will be **compensated** for their involvement in your research.

**People know they can opt out of your study at any time**, and that they can request that any materials implicating them be destroyed. They know they are free to remain silent any topic.

**People know that there is someone they can ask** if they have any questions or concerns about your research. You should provide them with your contact information, your local advisor’s contact information (where applicable), and the IRB contact information (where applicable).

**Contacts and Questions:**

*If you are consenting participants face to face, please include the following:*

I will provide you with my contact information if you have any questions for me about this study, or anything else. The card I am giving you also has the contact information for the Oklahoma State University Institutional Review Board (IRB) if you have any questions about your rights as a participant. *(If research is conducted overseas, please also add the following:*Locally, you can also contact *(provide local name and contact information)* who can contact the OSU IRB on your behalf and answer any questions you may have regarding this study.

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

**FOR QUESTIONS ABOUT THE STUDY**

If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, please contact, [Name], at [Phone number], [E-mail address]. *(If research is conducted overseas, please also add the following)*Locally, you can also contact, [Name] at [Phone number], [E-mail address] who can answer any questions you may have regarding this study and assist you in contacting the OSU IRB.

*Independent Contact:*  If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about research or your rights as a participant, please contact the Oklahoma State University Institutional Review Board (IRB) to speak to someone independent of the research team at (405)-744-3377 or send an email to irb@okstate.edu.

*If you are consenting participants on the phone/skype, please read the previous contact information to the participant and allow them time to record this information.*

*Insert the following to document that each participant agreed to the study:*

Based on the information I just provided to you, do you agree to participate in my research project?

YES

NO

Participant ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Verbal Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_