**Oral Consent Script to Participate in Research**

Good morning/afternoon/evening. Would you be interested in participating in a research project I/we are conducting at the University of Oklahoma? I/we’d like you to participate because you (explain the criteria for participant selection).

I/we’re conducting this research project because I/we are hoping to learn more about (explain the research’s purpose in lay language). About (insert number of participants, and if appropriate, report the total number and break out this number by subgroups – e.g., “about 100 people will be taking part, including 33 students and up to 67 of their parents and guardians”) people will participate. If you agree to participate, I will be asking you to (explain all the tasks/procedures the participant will complete. Identify assignments to research groups, frequency of procedures, etc. Also describe any procedures that are experimental). This should take about (Indicate the length of time for each activity and the total overall. If there are circumstances under which the participant’s participation may be terminated without regard to his or her consent, mention what they are).

Your participation in this research doesn’t involve any direct risks or benefits to you. (If there are reasonably foreseeable and minimal risks, explain, in order of severity, whether they are physical, psychological, economical, etc. Include the likelihood of each and under what conditions the individual’s participation could be terminated. If there are benefits, list only the benefits that arise in general. Do not include compensation such as course credit, money or other items of value; instead use the following compensation statement.) As a token of appreciation for your time, you will receive (include payment, reimbursement, class credit, etc. Explain when compensation will be given and the conditions for receiving it (e.g., if compensation will be pro-rated for participants who do not complete the entire research). For participants who have invested more than one hour, compensation should be pro-rated based on the time invested in the research). There is an alternative for you to receive course credit, if you would prefer not to be a research participant. (If the research involves any alternative procedures or treatments that would be advantageous to the participant, such as a non-research assignment option for students, describe how they can receive it. **If there is no alternative, do not include this statement**.)

All of the information I’m collecting will be kept secure and confidential, and only I/the researchers or the University of Oklahoma – Norman Campus Institutional Review Board will be able to look at it. (If the research is sponsored by a funding agency, such as the U.S. Food and Drug Administration, mention that the agency may also have access to the research’s records.) If you have any questions about your rights as a participant or any concerns or complaints regarding your participation, you can contact me/the researchers at (include the researcher’s phone number and email address. If the researcher is a student, also include the adviser's name, telephone number, and email address) or OU’s IRB at 405-325-8110 or irb@ou.edu.

Before you agree to participate, remember that your participation is completely voluntary, you don’t have to answer any question, and you can stop at any time. If you do choose to participate and then change your mind, you won’t be penalized in any way. Finally, if you would like a printed copy of the information I’ve just read to you, you are welcome to have this one.