NICHOLLS STATE UNIVERSITY

HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD

Consent to Act as a Human Subject (Regular Form)

Project Title:		
Potential Risk (Explain in detail):		
Potential Benefits:		
Compensation/Treatments for Injury:		

Consent:

I have been informed about the procedures described above and the potential risks and benefits of the research project. I have had the opportunity to ask questions about the research procedures which have been explained to me. I understand that this project and this consent form have been approved by the Nicholls State University, Human Subjects Institutional Review Board which ensures that research projects follow Nicholls State University policies and procedures and comply with federal guidelines. If I have any questions about my participation in this research project, I was informed that I may call the Chairperson of the Human Subjects Institutional review Board at (504) 448-4349.

I understand that I am free to withdraw my consent to participate in this research project at any time without penalty or prejudice. In addition, I understand that I will not be identified as a participant in this project.

I have been informed that any modifications of the experimental protocol which might affect my consent or willingness to participate will be provided to me. Finally, I have been provided an opportunity to be informed of the results of this study once it has been completed.

Subjects Signature: Witness to Signature:		Date:	
		Date:	
	subjects is a minor or for some other reason unable to sign llowing: (Both 1 & 2 must be completed)	this informed consent, complete	
1.	Subject is years old or is unable to sign because:		
Signature of Parent or Guardian:		Date:	
2.	riefly describe procedures to gain assent of this subject:		