

NICHOLLS STATE UNIVERSITY

HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD

Consent to Act as a Human Subject (Short Form)

Subject's Name: (Print) _____

I hereby consent to participate in the research project entitled _____

An explanation of the procedures and/or activities and their purpose, including any experimental procedures, were provided to me in an oral presentation by: _____

I was also informed about any potential benefits, risks, or discomforts I might experience as a result of my participation in this research. I was provided an opportunity to ask any questions prior to consenting to act as a subject in this research. I was informed and understand that I am free to withdraw my consent to participate in this research without fear of penalty or prejudice. I understand that I will not be identified by name or any other means as a participant in this project. I was informed that I may receive a report of the results of the study and provided with a way to contact the primary researcher.

I have been assured that the explanation I have received regarding this research and that this oral presentation and consent form have been approved by the Nicholls State University, Human Subjects Institutional Review Board which is charged with ensuring that research projects involving human subjects follow Nicholls State University and relevant federal regulations. If I have any questions about this research and/or my participation as a subject in this research, I have been told to call the Chairperson of the Human Subjects Institutional Review Board at (985) 448-4628.

I understand that any new information or modifications that may develop during the project will be provided to me if that information or modification(s) of the research protocol might affect my willingness to continue as a subject in the research project. In addition, I have been informed of the compensation/treatment or the absence of compensation/treatment involved in this project.

Subjects Signature: _____ Date of Consent: _____

Witness to Oral Presentation: _____ Date: _____

If the potential subject is a minor or for some other reason unable to provide consent, complete the following:

Subject is a minor or unable to sign because: _____

Parent or Guardian Signature: _____