

## ORAL CONSENT SCRIPT

*INSTRUCTIONS: This template combines two documents that the federal guidelines require for oral consent. The two elements are explained below.*

- 1. There must be a script for what will be said to potential participants. This script can be similar to what you provided for recruitment purposes. You are not required to read this script word-for-word. This is a document to confirm that you will include all of the required elements of informed consent in your conversation with a potential participant.*
- 2. The oral consent process must be witnessed by a third person who must sign to confirm that all of the key elements of informed consent were included in the oral consent process. If a translator is used, they may serve as a witness. Under some circumstances, the requirement of a third-party witness can be waived by the IRB if the investigator keeps an audio-recorded record of the oral informed consent process for each participant.*

*Please note that participants must receive a copy of this oral consent script OR a short form with information about the study for their records. If you are using standard oral consent, the participant should sign the short form as confirmation that they gave their consent.*

*If the requirements for a participant signature or third-party witness are not feasible/appropriate for your study, you should request an IRB waiver of the requirement with clear justification. Typically, the IRB will require that the participant at least receive the investigator and Smith College IRB contact information in case they have questions later.*

## ORAL CONSENT SCRIPT

My name is **XXXXX**. I am a student/researcher/faculty member at Smith College in **Massachusetts (United States, if you are conducting research outside the country)**. You are being asked to be in a study on **XXXXX** because you are **XXXXX**. The purpose of the study is **XXXXX**. If you agree to be in this study, you will be asked to **XXXXX (Please include the time commitment, what they will be asked to do, and a few examples of the topics that will be covered in your study. Be sure to identify any topics that are different from what a participant might discuss in their day-to-day lives with a stranger. Please mention anything that could potentially cause emotional distress, risk to reputation (social risk), or physical discomfort.**

The benefits of participation are **(list any key benefits OR state that there are no benefits)**. In exchange for participating in this study, you will receive **(if there is compensation, explain here and make sure you keep this explanation consistent with your recruitment information)** for completing this study.

The information that we collect will be kept strictly confidential. Your identity and private information will not be shared with anyone **(or explain here who will have access to the data containing personally identifying information)**. It may be used in **XXXXX (research paper, etc.)**.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study, Smith College, or **(insert name of other researcher-affiliated institution that might have a position of power over the participant)**. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; you have the right to request that I not use any of your interview material.

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, by **[INSERT METHOD OF REACHING YOU, E.G., PHONE/EMAIL AND PROVIDE WRITTEN DOCUMENTATION TO THE**

**PARTICIPANT] (if a student, add: "or my faculty advisor for this study, name, email/phone").** If you like, a summary of the results of the study will be sent to you but I will need your contact information to do so. If you have any other concerns you may contact the Smith College Institutional Review Board [[at irb@smith.edu](mailto:irb@smith.edu) +1 (413) 585-3562, **n.b. it is not necessary to orally state this in the consent process**]. The phone number and e-mail for the IRB is provided along with my contact information, and a website where you can register complaints [**i.e.,** <https://www.smith.edu/academics/institutional-review-board/compliance>, **n.b. it is not necessary to orally state the website address**].

Do you have any questions about the study or your participation?

Do you agree to participate?

Participant # or name \_\_\_\_\_

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

Name of Investigator \_\_\_\_\_

**Witness to Consent:**

This document is to confirm that I, \_\_\_\_\_ (witness name), witnessed that all elements of informed consent were included in the oral consent conversation. This includes: purpose of the study, the risks for participating in the study, the right to refuse and withdraw, confidentiality, and researcher contact information.

Witness signature \_\_\_\_\_ Date \_\_\_\_\_