



**South Central College
Institutional Review Board
Consent Checklist**

(To be used by IRB committee when evaluating a project)

Consent Checklist:	Yes	No	N/A
Explain the Purpose of the Study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List Tasks/Procedures of the Project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of the Project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Risks/Discomforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe direct benefits to the subjects or other parties that may result from the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study involves treatment, alternative procedures or courses of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate costs/compensation for subjects. (Especially for research involving more than the minimal risk).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe confidentiality terms and conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide contact information if further information is required by IRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of approval from any 3 rd party involved in the study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact information in case of research-related injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>