**Office of Human Research Protection**
**Institutional Review Board**
**701 Grove Rd**
**ESC158**
**Greenville, SC 29605**

## Participant Bill of Rights

As a research participant, I have the following rights:

1. I have the right to be told what the research is trying to find out.
2. I have the right to be told about all research procedures, drugs, and/or devices and whether any of these are different from what would be used in standard practice.
3. I have the right to be told about any risks, discomforts, or side effects that might reasonably occur because of the research.
4. I have the right to be told about the benefits, if any, I can reasonably expect from participating.
5. I have the right to be told about other choices I have and how they may be better or worse than being in the research. These choices may include other procedures, drugs, or devices.
6. I have the right to be told what kind of treatment will be available if the research causes any complications.
7. I have the right to have a chance to ask any questions about the research or the procedure. I can ask these questions before the research begins or at any time during the research.
8. I have the right to refuse to be part of the research or to stop at any time. This decision will not affect my care or my relationship with my doctor or this institution in any other way.
9. I have the right to receive a copy of the signed and dated written consent form for the research.
10. I have the right to be free of any pressure as I decide whether I want to be in the research study.

Do you have a question, concern or complaint about your involvement in a research study or your rights as a research participant? If so, please feel free to contact the IRB confidentially. You may call us at (864) 455-8997 or e-mail us at IRB@prismahealth.org.

All communications will be confidential.