# Study #

# CONSENT TO PARTICIPATE IN RESEARCH

**Oral Anesthetic Consent Form: Sensation and Speech**

**SUBSTANCE INFORMATION:**

Topical benzocaine is an over-the-counter oral numbing gel (“Orajel”). This substance is widely used to treat mouth and gum pain by numbing regions of the oral cavity.

**PURPOSE OF USING BENZOCAINE:**

In this study, we will use topical benzocaine to degrade somatosensory information. A small amount of benzocaine gel (Orajel) will be placed on areas in and around the oral cavity, including the lips, tongue, gums, and hard palate (mouth roof) to decrease how well you can feel what’s going on inside your mouth while you talk.

**RISKS OF USING BENZOCAINE:**

The substance product label, including warnings and allergy alerts, is included below. We will be using the substance as directed in this label. If you have any hesitation about receiving this medication as a result of what you read in the information below or for other reasons, you should not consent to this part of the study.

If numbing effects do not subside within a few hours, please contact the Trinity College Health Center at 860-297-2018.



**VOLUNTARY NATURE OF STUDY**

Taking part in this portion of the study is voluntary. You may choose not to receive this topical numbing agent. Choosing not to take part will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Trinity College or the investigators.

**SUBJECT’S CONSENT**

In consideration of all of the above, I give my consent to receive the medication (20% benzocaine gel, topically applied) as described above and as directed on the product label.

A copy of this informed consent document will be available to me if I request one to keep for my records. I agree to participate in this portion of the study.

**Subject’s Printed Name:**

**Subject’s Signature**: **Date**:

(must be dated by the subject)

**Printed Name of Person Obtaining Consent:**

**Signature of Person Obtaining Consent**: **Date**:

Form date: September 7, 2018

*Contacts for Questions or Problems:*

For questions or concerns about the study, please contact Elizabeth Casserly at 860-297-4212. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a study, you may contact Trinity’s Institutional Review Board at [irb@trincoll.edu](mailto:irb@trincoll.edu).