The Ohio State University Consent to Participate in Research

* Indicates required question

1. Participant ID: (For experimenter only) *

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

PURPOSE

The purpose of this study is to understand how people read whole-slide images, in order to develop intelligent tools to improve accuracy and efficiency. You are being asked to participate in this study because of your expertise in this area. Your involvement in this study will begin when you agree to participate and will continue until the end of the study.

PROCEDURES/TASKS

As a participant in this study, you will read a set of 120 WSIs, 60 each from lymph nodes and prostate cancer, and be asked to mark and grade them. You will be asked to explain your strategies for your decision.

You will be asked to fill out a pre-questionnaire to determine your background. You will receive a set of instructions related to this experiment. You may practice with four questions, two from each of the two cancer types, in order to ensure you understand the instructions before performing the real tasks. Your participation in this experiment will last for about 2-3 hours. We allow multiple visits.

Your head, eye and mouse movements will be recorded. Your face will not be recorded.

All information that is obtained from you will remain anonymous. The time it takes you to do each task and other aspects of your interaction with the system will be measured. You can ask questions during the training if any in order to clarify your understanding of the experiment. During the formal study, you are not allowed to ask any questions. During interview or lab-based observations, you can ask questions.

DURATION

You may leave the study at any time. If you decide to stop participating in the study, you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

RISKS AND BENEFITS

Your participation in this study does not involve any significant risks and you have been informed that your participation in this research may or may not benefit you personally.
You have been informed that participation in this study may involve no foreseeable risks, beyond those present in routine daily life. All light and sound intensities are well within normal range. The physical components of these tasks are not stressful and include only head and body turning and pointing. The only foreseeable physical risks are very slight eye strain caused by the use of a computer monitor. There are no known mental risks.

CONFIDENTIALITY

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Any information learned and collected from this study will be disclosed ONLY if you give permission. The investigator (s) will attempt to keep your personal information confidential. To help protect your confidentiality, other than the consent forms, your name will not appear in any other information provided for this study. Your responses to various questionnaires and data collected will be matched using a participant identification number that has been assigned to you for the duration of this study. The computer saved the performance files will be password-protected. At the conclusion of data collection for this study, the list linking participant names with participant identification numbers will be destroyed. The computer will be located in the Interactive Visual Computing Lab in the Dreese Laboratories Room 680 at The Ohio State University or a pathologist's office at The Ohio State Medical Center. Findings will be presented in aggregate form with no identifying information to ensure confidentiality.

Only the investigator and members of the research team will have access to these records. If information learned from this study is published, you will not be identified by name. By signing this form, however, you allow the research study investigator to make your records available to The Ohio State University Institutional Review Board (IRB) and regulatory agencies as required to do so by law.

FUTURE RESEARCH

Consenting to participate in this research also indicates your agreement that all information collected from you individually may be used by current and future researchers in such a fashion that your personal identity will be protected. Such use will include sharing anonymous information with other researchers for checking the accuracy of study findings and for future approved research that has the potential for improving human knowledge.

Additionally, (1) your name will not be included on the surveys and other collected data; (2) a code will be placed on the survey and other collected data; (3) through the use of an identification key, the researcher will be able to link your survey to your identity; and (4) only the researcher will have access to the identification key.

2. *

Mark only one oval.

- ◯ I give permission to record my hand, head, and eyes to be used in scientific data collection.
- ◯ I do not give permission to record my hand, head and eyes to be used in scientific data collection.

If the second option above is chosen, we will not be able to include you in this experiment.

INCENTIVES

This participation in this study will involve no cost to you. You will receive a $25 Amazon gift card.

PARTICIPANT RIGHTS

You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects' research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

CONTACTS AND QUESTIONS

For questions, concerns, or complaints about the study, you may contact one or all of us: Jian Chen at chen.8028@osu.edu, Zaibo Li at zaibo.li@osumc.edu, Anil Parwani at anil.parwani@osumc.edu, Jeremy Wolfe at jwolfe@bwh.harvard.edu, Veronica Thai at thai.53@osu.edu, Rui Li at li.8950@osu.edu, or Meng Ling at ling.253@osu.edu

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

SIGNATURE FOR CONSENT

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

3. Participant's Name:

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