

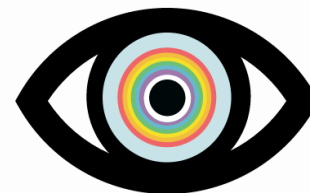
Consent Form - Subject n° ____

____ years old ____ gender

☐ Wear glasses or contacts ☐ Doesn't wear glasses or contacts

☐ Has a known vision problem

Which one ? _____



Bio-Lumos

biosensor 2017

You are being asked to take part in a research study on the perception of colors. Please read this form carefully and ask any questions you may have before agreeing to take part in the experiment.

The purpose of this study is to observe how the human eye perceives colors. If you agree to participate, we will conduct a simple vision test with you. We will ask you to look at two quick apparitions of a color on a computer screen and tell us if you perceived these colors as “same” or “different”, this experiment will be repeated with different pairs of colors. This experiment will take about 10 minutes.

The results of this test will be kept private. We will not include any information that will make it possible to identify you in any sort of report we could make. You are also asked not to communicate to other potential participants of this study about the experiment or the results.

By participating in this study you will not expose yourself to no risks, other than those encountered in day-to-day life. Taking part in this study is completely voluntary and you are free to withdraw at any time.

**I have read the above information, and have received answers to any questions I asked.
I consent to take part in the study and I confirm that I have no epileptic history.**

Signature _____ Date _____