

Thank you for your interest in our research. Please read the following information carefully.

**Columbia University Electronic Consent Form**

**IRB Protocol:IRB-AAAR9148**

**Principal Investigator: Daniel Wolpert**

**Protocol Title: Human sensorimotor control**

Contact: Daniel Wolpert, Principal investigator, Email: wolpert@columbia.edu

Duration: 15-60 minutes depending on what is specified in the advert

**PURPOSE:** We are conducting a research study on how people control their movements. To participate in this experiment you must be at least 18 years old.

**PROCEDURE:** If you choose to participate, you will complete a brief questionnaire to determine your handedness. Then visual information will be provided to you and you will be asked to respond to questions or make movements of your cursor to reach targets.

**RISKS:** There are no known physical, psychological, or social risks associated with this study. You can exit the experiment at any time if you do not want to continue.

**BENEFITS:** There are no direct benefits to you for participating in this experiment. However, the research may help advance scientific knowledge of the control of movement.

**CONFIDENTIALITY:** All of your answers and data will be completely anonymous, and we will not ask for any piece of information that could be used to identify you. We will not collect IP addresses that could be linked to you through your computer. The following individuals and/or agencies will be able to look at and copy the data collected online:

- The investigator, Columbia University Medical Center (and NewYork-Presbyterian Hospital if applicable); study staff and other medical professionals who may be evaluating the study
- Authorities from Columbia University (and NewYork-Presbyterian Hospital if applicable), including the Institutional Review Board ('IRB')
- The Office of Human Research Protections ('OHRP');
- National Institute of Health ('NIH')

**COMPENSATION:** You will receive \$1.00-\$10.00 for this experiment, depending on what is specified in the advert. Once you have completed the experiment, a researcher will review and approve payment, and the money will be transferred into your account within 48 hours.

**VOLUNTARY PARTICIPATION:** Taking part in this study is your choice. You may exit the experiment at any time.

**ADDITIONAL INFORMATION:** If you have any questions about your rights or responsibilities as a research participant, please contact the Columbia University Human Research Protection Office at 154 Haven Avenue, 1st Floor, New York, NY 10032, (212) 305-5883, IRBoffice@columbia.edu.

If you wish to continue with the experiment, please read the statement below and check the appropriate box. If you would like to print a copy of this form for your records, please do so now using the "print" function of your web browser.