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**Supervisor:**

Dr. Gouri Ginde

**Title of Project:**

Human evaluation of the output from AI-enabled solution

**Sponsor:**

No

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This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Participation is completely voluntary, and anonymous

**Purpose of the Study**

*You are invited to participate in a research study aimed at evaluating a new tool designed to improve the quality of bug reports by transforming unstructured bug summaries into well-structured reports. The goal is to gather feedback from experienced contributors like you to refine the tool and better understand its utility in real-world settings.*

**What Will I Be Asked To Do?**

*Use the provided tool to transform sample unstructured bug summaries or real bug reports.  
Interact with the tool by reviewing its output, identifying missing information, and assessing its usability.  
Complete short surveys regarding your feedback on the model's response, answering completeness and correctness of the model. The study is expected to take approximately 30 minutes of your time.*

*Participation is completely voluntary, the individual may refuse to participate altogether, may refuse to participate in parts of the study, may decline to answer any and all questions, and may withdraw from the study at any time without penalty or loss of benefits to which s/he is otherwise entitled.*

**What Type of Personal Information Will Be Collected?**

*No personal identifying information will be collected in this study, and all participants shall remain anonymous.*

*I grant permission to record Bugzilla User Id:*

*Yes: \_\_\_\_ No: \_\_\_\_*

### **Are there Risks or Benefits if I Participate?**

*This study poses minimal risk. The tasks involved are similar to your everyday work activities. While providing feedback may require additional time, there are no significant physical, psychological, or emotional risks anticipated.*

*Your participation will contribute valuable insights that may improve the tool, potentially benefiting the wider community by enhancing bug-reporting processes. Although there is no direct personal benefit, your feedback may shape future enhancements and efficiencies in bug report management.*

### **What Happens to the Information I Provide?**

*Explain who will have access to the information collected (e.g., principle investigator, research assistants, etc.).*

*No one except the researcher and her supervisor will be allowed to see or hear any of the answers to the questionnaire or the interview tape. There are no names on the questionnaire. Only group information will be summarized for any presentation or publication of results. The questionnaires are kept in a locked cabinet only accessible by the researcher and her supervisor. The anonymous data will be stored for five years on a computer disk, at which time, it will be permanently erased.*

*The following options can be added and adapted to the consent form, as needed:*

*“Would you like to receive a summary of the study’s results?”*

*Yes: \_\_\_\_ No: \_\_\_\_*

*\_\_\_\_  
If yes, please provide your contact information (e-mail address, or phone number)”*

\_\_\_\_\_  
\_\_\_\_\_

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### **Signatures**

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant’s Name: (please print) \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher’s Name: (please print) \_\_\_\_\_

Researcher’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

*Mr. Jagrit Acharya,  
Department of Electrical and Software Engineering  
+1 5878949603, [Jagrit.acharya1@ucalgary.ca](mailto:Jagrit.acharya1@ucalgary.ca)  
and Dr Gouri Ginde, Department of Electrical and Software Engineering,  
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If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at 403.220.6289 or 403.220.8640; email [cfreb@ucalgary.ca](mailto:cfreb@ucalgary.ca). A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.