

Appendix A – Informed consent form

Usability Testing – Informed consent form

I undersigned ELEONORA CUTRINO, to authorize, in date 6/9/2023, the gentlemen present here, to be able to use the data provided by me (e.g., gender, age, etc...), the recording of my voice and the written notes taken, in order to contribute to a complete conduct of the tests, necessary to make future improvements to the prototype: Medical Reality.

Full Printed Name: ELEONORA CUTRINO

Home university: UNITO

Gender: FEMMINA

Age: 21

Year of the course of study: 2022-2023

Signature: 

Date: 6/9/2023