

## **STANFORD CONSENT FORM TEMPLATE**

### **For MINIMAL RISK Medical Human Subject Research**

#### **FOR QUESTIONS ABOUT THE STUDY, CONTACT:**

Matthew Fitzgerald, Ph.D. He may be reached at the Stanford Ear Institute (2452 Watson Court, Suite 1700, Palo Alto, CA 94303), or via phone at 650-724-6015.

**DESCRIPTION:** You are invited to participate in a research study on how individuals with normal hearing and hearing loss perceive speech and non-speech sounds. We are particularly interested in the perception of signals both in quiet and in the presence of background noise. We also plan to compare manual scoring of these data by a member of the research team with automatic scoring using an automatic speech recognition algorithm. In all experiments you will be asked to listen to sounds and tell us what you hear.

For this study you will listen to short audio recordings and click on-screen buttons to indicate the words that you heard. The audio recordings were made in our lab, are private information, and should not be disclosed, recorded or otherwise played for anybody but yourself.

#### **Future Use of Private Information**

Research using private information is an important way to try to understand human disease. You are being given this information because the investigators want to save private information for future research.

Identifiers might be removed from identifiable private information and, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you.

#### **RISKS AND BENEFITS:**

The primary risk associated with this study is boredom with the study procedures. To combat this risk we will provide frequent breaks. There is also a very small risk that you may experience an uncomfortably loud sound. To combat this risk, we will calibrate all signals before beginning the experiment. We cannot and do not guarantee or promise that you will receive any benefits from this study. Rather, these studies will be used to develop new tests to help individuals with hearing loss. Your decision whether to participate in this study will not affect your medical care.

**TIME INVOLVEMENT:** Your participation in this experiment will take 1 to 4 hours.

**PAYMENTS:** You will receive \$20 per hour for participating in this study. All payment will consist of gift cards.

#### **PARTICIPANT'S RIGHTS:**

If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. However, your identity will not be disclosed.

Protocol Title: Perception of speech and non-speech sounds

IRB# 71015

**WITHDRAWAL FROM STUDY:**

You may withdraw from the study at any time. The Protocol Director may also withdraw you from the study without your consent for one or more of the following reasons:

- Failure to follow the instructions of the Protocol Director and study staff.
- The study is cancelled.
- Unanticipated circumstances or other administrative reasons.

**CONTACT INFORMATION:**

Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director, Matthew Fitzgerald, Ph.D. You may contact him by phone at 650-724-6105.

Injury Notification: If you feel you have been hurt by being a part of this study, please contact the Protocol Director Matthew Fitzgerald, Ph.D. You may contact him at 650-724-6105.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at 650-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

May we contact you about future studies that may be of interest to you?

\_\_\_\_ Yes \_\_\_\_ No

The extra copy of this signed and dated consent form is for you to keep.

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Adult Participant