The Ohio State University Consent to Participate in Research

Study Title:	Behavioral, EEG, and eye-tracking investigations of perception, memory, cognition and eye movements
Researcher:	Dr. Julie D. Golomb
Sponsors:	NIH R01-EY025648 National Science Foundation (NSF)

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.
Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:
The purpose of the study is to investigate how perception and behavior are influenced by various cognitive and sensory factors. Specifically, we are interested in how perception and behavior may be influenced by eye movements.

Procedures/Tasks:
You will be asked to perform a number of tasks, including one or more of the following:

- Attend to, recall and/or make judgments about stimuli (letters, numbers, shapes, colors, images, sounds, and/or videos) presented by a computer.
- Fixate on a particular location on the screen.
- Make a sequence of eye movements.
- Point to locations or stimuli with your finger and/or mouse.

During the task we may track your eye position with a special eye-tracking camera. The camera uses infrared technology to locate your pupil and corneal reflection, and uses these values to compute gaze direction and pupil diameter. The images are analyzed in real time and then discarded immediately – no identifying information or video images are preserved. The entire process is non-invasive and should cause no pain or discomfort.

Duration:
The entire study session will take at most 60-90 minutes.

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits:

There are no predetermined risks associated with this study past those inherent to normal computer use; however, if at any time you feel uncomfortable and/or concerned about the study, you will be able to speak to the investigators at any time. Similarly, you may withdraw from the study at any time with no loss of benefits or compensation to which you would otherwise be entitled. There are no direct benefits to you from participation in this study.

Confidentiality:

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

The NIH issues Certificates of Confidentiality for all NIH-funded studies, including this study. This Certificate provides extra protection for you and your study information, documents, or samples (blood, tissue, etc.). The Certificates are issued so that we cannot be required to disclose any identifiable information collected about you as a part of this study in a lawsuit or legal proceeding. This is a layer of protection over and above the already existing protections in place for you and your information, documents, or samples.

However, these protections do not apply in some situations. For example, we may have to release your information if a law requires us to do so, if the NIH (which is funding this study) requests the information, or if the FDA tells us to release this information.

The data collected in this study as well as the results of the research can be used for scientific purposes and may be published (in ways that do not personally identify you). An anonymized version of the data from this study may be made publicly accessible, for example via the Open Science Framework (osf.io). The anonymized data can be used for re-analysis and additional analyses by other researchers. The purpose and scope of this secondary use is not foreseeable.

Any personal information that could directly identify you will be removed before data and results are made public. Personal information will be protected closely so no one will be able to connect your responses and any other information that identifies you. All personally

identifying information collected will be stored separately from all other data. You can revoke consent to use your data until the end of data collection. This will not cause you any disadvantages.

Please talk to the study team that is conducting the research, or contact the Office of Responsible Research Practices at (614) 688-8641, if you have questions.

See here to learn more: https://humansubjects.nih.gov/coc/faqs

Incentives:
You will be compensated with 1 REP credit per hour (in ½ hour increments). If you ask to withdraw from the study due to discomfort, you will still receive the advertised number of credits. You will not be paid to participate in the study.

Participant Rights:
You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:
For questions, concerns, or complaints about the study you may contact Julie D. Golomb, Ph.D. at golomb.9@osu.edu.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

If you are injured as a result of participating in this study or for questions about a study-related injury, you may contact Julie D. Golomb, Ph.D. at golomb.9@osu.edu.

Signing the consent form

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

Printed name of subject	**Signature of subject**
	AM/PM
	Date and time
Printed name of person authorized to consent for subject (when applicable)	**Signature of person authorized to consent for subject (when applicable)**
	AM/PM
Relationship to the subject	**Date and time**

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent	**Signature of person obtaining consent**
	AM/PM
	Date and time