IRB USE ONLY
Approval Date: April 30, 2022
Expiration Date: April 30, 2023

Protocol number: 15178

Are you participating in any other research studies? _____yes_____no

CONSENT FORM

INTRODUCTION TO RESEARCH STUDIES

A research study is designed to answer specific questions, sometimes about a drug or device's safety and its effectiveness. Being in a research study is different from being a patient. When you are a patient, you and your personal doctor have a great deal of freedom in making decisions about your health care. When you are a research subject, the Protocol Director and the research staff will follow the rules of the research study (protocol) as closely as possible, without compromising your health.

PURPOSE OF RESEARCH

You are invited to participate in a research study involving an experiment in sensory psychology in the laboratory of **Professor Kalanit Grill-Spector**. It is understood that your participation is entirely voluntary. Your alternative is not to participate in this study. Your decision whether or not to participate will not prejudice you or your medical care. If you decide to participate, you have the right to withdraw your consent and to discontinue participation at any time without any prejudice to you. You also have the right to discontinue participation at any time or refuse to answer particular questions. Significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation, will be provided to the subject or subject's representative in a timely manner.

This research study is looking for approximately 400-500 subjects to be enrolled in each year.

DURATION OF STUDY INVOLVEMENT

This research study is expected to take approximately 10 years. Subjects' participation will involve between 1-10 one hour sessions for each subject. Sessions may include eye tracking and/or a training.

PROCEDURES

- This experiment examines the way in which people perceive visual stimuli (e.g., pictures, of patterns or words) as well as auditory stimuli. Some of the visual stimuli will be familiar (e.g., famous faces) and some will not (e.g. pictures of unfamiliar

shapes). The auditory stimuli may include a sequence of tones generated by the computer or spoken words.

- In each experiment you will carry out a series of several hundred trials in which you will first see/hear a stimulus and then you will make a simple decision about it, and finally you will report your decision with a button press, written word or spoken response.
- In some of the experiments we may track your eye movements using an eye tracker that tracks your pupil location.
- The benefit we hope to achieve from this work is to learn how people's nervous systems are organized to see and understand pictures, objects, words and tones.
- There are minimal risks involved in these experiments. The lights we use in these tasks are normal monitor outputs.
- We anticipate your participation in this study to last approximately 1 hour.

SUBJECT'S RESPONSIBILITIES

You should:

- Keep your study appointments. If it is necessary to miss an appointment, please contact the Protocol Director or research study staff to reschedule as soon as you know you will miss the appointment.
- Complete your questionnaires as instructed.
- Ask questions as you think of them.
- Tell the Protocol Director or research staff if you change your mind about staying in the study.
- If you are coming in-person to research visits, you are required to be fully vaccinated—2 doses (1 for Johnson and Johnson), 2 weeks out and to provide proof of your vaccination (e.g., CDC COVID-19 Vaccination Card, e-Health record, etc.) to the researcher prior to study participation. Alternately, you can provide a negative COVID test within 72 hours of your visit.

WITHDRAWAL FROM STUDY

If you first agree to participate and then you change your mind, you are **free to withdraw** your consent and discontinue your participation at any time. Your decision will not affect your ability to receive medical care for your disease and you will not lose any benefits to which you would otherwise be entitled.

If you withdraw from the study, you will not participate any longer in any of the experiments related to this study.

At the discretion of the protocol director, subjects may be taken out of this study due to unanticipated circumstances, such as:

- Failure to follow the instructions of the Protocol Director and/or study staff.
- The Protocol Director decides that continuing your participation could be harmful to you.
- You need treatment not allowed in the study.
- The study is cancelled.
- Other administrative reasons.

POSSIBLE RISKS, DISCOMFORTS, AND INCONVENIENCES

There are minimal risks, discomforts, and inconveniences associated with this research study. You may be asked to place your head on a chin rest to avoid head motion. The lights used in these tasks are normal monitor outputs. But you should talk with the Protocol Director if you have any questions.

POTENTIAL BENEFITS

We cannot and do not guarantee or promise that you will receive any benefits from this study.

ALTERNATIVES

Your alternative is to not participate in this study. Your decision whether or not to participate will not prejudice your medical care. If you wish to participate in this study, you must sign this form. If you decide to participate, you are free to withdraw consent, including your authorization regarding the use and disclosure of your health information, and to discontinue participation at any time without prejudice to you or effect on your medical care.

SUBJECT'S RIGHTS

- You should not feel obligated to agree to participate. Your questions should be answered clearly and to your satisfaction.
- If you decide not to participate, tell the Protocol Director. You will still receive care for your disease and will not lose any benefits to which you would otherwise be entitled.

- You will be told of any important new information that is learned during the course of this research study, which might affect your condition or your willingness to continue participation in this study.

CONFIDENTIALITY

Individual privacy will be maintained in published and written data resulting from the study. Except as required by law, you will not be identified by name, social security number, address, telephone number, or any other direct personal identifier. Your research records may be disclosed outside of Stanford, but in this case, you will be identified only by a unique code number. Information about the code will be kept in a secure location and access limited to research study personnel. Patient information may be provided to Federal and regulatory agencies as required. The Food and Drug Administration, for example, may inspect research records and learn your identity if this study falls within its jurisdiction. The results of this research study may be presented at scientific or medical meetings or published in scientific journals. However, your identity will not be disclosed.

CERTIFICATE OF CONFIDENTIALITY

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects

FINANCIAL CONSIDERATIONS

PAYMENT

- You will be paid $10 per hour for your participation in this study. Legally, you can be paid only if you are a citizen of the US, a legal resident alien (i.e., possess a green card) or have a work eligible visa sponsored by the paying institution.

COSTS

- There will be no cost to you for participation in this study.

SPONSOR

The following are providing financial support for this study:

- Stanford University
- NIH

CONTACT INFORMATION

- Appointment Contact: If you need to change your appointment, please contact Dr. Grill-Spector or her research associates at 650 –725- 2457.
- Questions, Concerns, or Complaints: If you have any questions about this **research study**, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director, Dr. Kalanit Grill-Spector. You may contact her at (650) 725-2457. If you have any additional questions later, Dr. Grill-Spector will be happy to answer them.
- Injury Contact: If you think you have experienced a **research-related injury** call Dr. Grill-Spector at (650) 725-2457.
- Alternate Contact: If you cannot reach the Protocol Director, please call the research team at (650) 725-2456.

Independent of the Research Team Contact: If you are not satisfied with the manner in which this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a research study subject, please contact the Stanford Institutional Review Board (IRB) to speak to an informed individual who is 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.

COMPENSATION

All forms of medical diagnosis and treatment -- whether routine or experimental -- involve some risk of injury. In spite of all precautions, you might develop medical complications from participating in this study. If such complications arise, the Protocol Director and the research study staff will assist you in obtaining appropriate medical treatment but this study does not provide financial assistance for additional medical or other costs. Additionally, Stanford is not responsible for research and medical care by other institutions or personnel participating in this study. You do not waive any liability rights for personal injury by signing this form.

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

As a human subject you have the following rights. These rights include but are not limited to the subject's right to:

- Be informed of the procedures to be followed.
- Be informed of the nature and purpose of the experiment
- Be given a description of any attendant discomforts and risks reasonably to be expected
- Be given an explanation of any benefits to the subject reasonably to be expected, if applicable
- Be given an opportunity to ask questions concerning the experiment or procedures involved.
- Be instructed that consent to participate in the experiment may be withdrawn at any time, and the subject may discontinue participation without prejudice.
- Be given a disclosure of any appropriate alternatives, drugs, or devices that might be advantageous to the subject, their relative risks and benefits
- Be informed of the avenues of medical treatment, if any are available to the subject after the experiment if complications should arise;
- Be given a copy of the signed and dated consent form
- Be given the opportunity to decide to consent or not to consent without the intervention of any element of force, fraud, deceit, duress, coercion or undue influence on the subject's decision.

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

Signing your name means you agree to be in this study and that you will receive a copy of this signed and dated consent form.

SIGNED_____DATE_____
Signature of participant

_____
Print Name of participant

Person Obtaining consent:
I attest that the requirements for informed consent for the research project described in this form have been satisfied- that the participant has been provided with the Experimental Subject's Bill of Rights, that I have described the research project with the participant and explained to him or her in non-technical terms all of the information contained in this informed consent form, including any risks and adverse reactions that may reasonably be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

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SIGNED_____DATE_____
Signature of person obtaining consent

_____
Print Name of person obtaining consent