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| **CONSENT FOR RESEARCH**  The Pennsylvania State University |

Title of Project: *Out of place, in the mind*

Principal Investigator: *Yuke Luo*

Address: *Pennsylvania State University, New Kensington Campus, 3550 Seventh Street Road, RT 780, New Kensington, PA 15068*

Telephone Number: *6469545449*

Advisor: *Dr. Harnish*

Subject’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We are asking you to be in a research study. This form gives you information about the research.**

**Whether or not you take part is up to you. You can choose not to take part. You can agree to take part and later change your mind. Your decision will not be held against you.**

**Please ask questions about anything that is unclear to you and take your time to make your choice.**

Some of the people who are eligible to take part in this research study may not be able to give consent to take part because of their medical condition. Instead we will ask the person’s legally authorized representative to give consent. Throughout the consent form, “you” always refers to the person who takes part in the research study.

Some of the people who are eligible to take part in this research study may not be able to give consent because they are less than 18 years of age (a minor). Instead we will ask their parent(s)/guardian(s) to give permission for their participation in the study, and we may ask them to agree (give assent) to take part. Throughout the consent form, “you” always refers to the person who takes part in the research study.

**1. Why is this research study being done?**

We are asking you to be in this research because *you are the closest resources.*

This research is being done to find out schema and false *memory*.

Approximately 30 people will take part in this research study local site

**2. What will happen in this research study?**

In this experiment, you were shown a picture about a hotel room for 12 seconds. After watching the picture carefully, you were given a 20 seconds distraction. And then you wrote as many things as you could remember in this picture in 1 minute.

**3. What are the risks and possible discomforts from being in this research study?**

There is a risk of loss of confidentiality if your information or your identity is obtained by someone other than the investigators, but precautions will be taken to prevent this from happening. The confidentiality of your electronic data created by you or by the researchers will be maintained to the degree permitted by the technology used. Absolute confidentiality cannot be guaranteed.

**4. What are the possible benefits from being in this research study?**

**4a. What are the possible benefits to you?**

No benefit to me.

**4b. What are the possible benefits to others?**

No benefit to participants.

**5. What other options are available instead of being in this research study?**

You may decide not to participate in this research.

Since *Penn State New Kensington* will be used to recruit participants you will receive course credit for participating as specified in the syllabus provided by your instructor. Alternative means for earning this course credit are available as specified in the syllabus.”

**6. How long will you take part in this research study?**

If you agree to take part, it will take you about *10 minutes* to complete this research study. You will be asked to return to the research site \_0\_ times.

*For studies with no time commitment for subjects,* Being in this research study does not require any additional time on your part.

**7. How will your privacy and confidentiality be protected if you decide to take part in this research study?**

Your personal identification is not required. Therefore, you do not have to worry about privacy problem.

**8. What are the costs of taking part in this research study?**

**8a. What will you have to pay for if you take part in this research study?**

You Have to pay nothing but attention in this research.

**8b. What happens if you are injured as a result of taking part in this research study?**

You will not be injured in taking part in this research study.

**Will you be paid or receive credit to take part in this research study?**

Nothing will be given.

**10. Who is paying for this research study?**

No one is paying for it.

**11.** **What are your rights if you take part in this research study?**

Taking part in this research study is voluntary.

You do not have to be in this research.

If you choose to be in this research, you have the right to stop at any time.

If you decide not to be in this research or if you decide to stop at a later date, there will be no penalty or loss of benefits to which you are entitled.

**12. If you have questions or concerns about this research study, whom should you call?**

Please call the head of the research study, *Yuke Luo* at *6469545449* if you:

* Have questions, complaints or concerns about the research.
* Believe you may have been harmed by being in the research study.

You may also contact the Office for Research Protections at (814) 865-1775, ORProtections@psu.edu if you:

* Have questions regarding your rights as a person in a research study.
* Have concerns or general questions about the research.
* You may also call this number if you cannot reach the research team or wish to offer input or to talk to someone else about any concerns related to the research.

###### INFORMED CONSENT TO TAKE PART IN RESEARCH

###### Signature of Person Obtaining Informed Consent

Your signature below means that you have explained the research to the subject or subject representative and have answered any questions he/she has about the research.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_3.14.2017\_\_\_ \_\_\_\_Yuke Luo\_\_\_\_

Signature of person who explained this research Date Printed Name

(Only approved investigators for this research may explain the research and obtain informed consent.)

**Signature of Person Giving Informed Consent**

Before making the decision about being in this research you should have:

Discussed this research study with an investigator,

Read the information in this form, and

Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the research and those questions have been answered. You will receive a copy of the signed and dated form to keep for future reference.

###### Signature of Subject

By signing this consent form, you indicate that you voluntarily choose to be in this research and agree to allow your information to be used and shared as described above.

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Signature of Subject Date Printed Name

**Signature of Person Giving Informed Consent**

###### Signature of Subject

By signing below, you indicate that you have read the information written above and have indicated your choices for the optional part(s) of the research study.

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Signature of Subject Date Printed Name