**STUDY TITLE:** Triage 2.0 - Usability Test

**Investigators:** Abdul Shahid Bin Rahmat, Friedemann Ang Zhuang Kai, Christopher Teo Ming Jian, Aloysius Lam Zhao Yin, Jason Wu Jiawei and Yu Zheng Yuan

**DESCRIPTION:** You are invited to participate in **a research study** on using Triage 2.0, a web-based hospital Visitor Management System that will be used during a pandemic. You will be taking on two roles, a visitor and a staff. You will be asked to perform a series of tasks with Triage 2.0 on a laptop, as well as complete a questionnaire before and after the experiment.

**TIME INVOLVEMENT:** Your participation will take approximately 30 minutes.

**RISKS AND BENEFITS:** There are no known risks associated with this study. There are no expected benefits from this experiment.

**PAYMENTS:** There will be no reimbursementfor your participation in this study.

**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 alternative is not to participate.** You have the right to refuse to answer any questions. With your additional permission, a video of you will be taken during the study.

**OTHER INFORMATION:**

If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact Christopher Teo Ming Jian at +65 9106 1923 or mj.teo.2014@sis.smu.edu.sg. If you have any questions pertaining to your rights as a participant, you may contact Prof. Benjamin Gan at 6828 0267 or benjamingan@smu.edu.sg.

I give consent to be filmed during this study.

Please initial: \_\_\_Yes \_\_\_No

*Investigator’s Statement:*

I have explained and defined in detail the research procedures in which the subject (or legal representative has given consent) has consented to participate.

Investigator’s Name Investigator’s Signature Date

## *Participant’s Statement:*

I understand that participation is voluntary. Refusal to participate will involve no penalty. I understand that I may discontinue participation at any time without penalty or loss of accrued benefits (Benefits are accrued in proportion to the amount of study completed or as otherwise stated by the researcher) to which I am otherwise entitled. I declare that I am at least 18 years of age.

Participant’s Name Participant’s Signature Date