



# Web Exploration and Analytic Engine for Scientific Sources Usability Evaluation

## Subject Consent Form

### Principal Investigators:

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### Purpose of the Study:

The purpose of this study is to evaluate the usability for a Web Exploration and Analytic Engine for Scientific Sources. Dr. Tamir is conducting a study looking at how people use a Web Exploration and Analytic Engine for Scientific Sources.

### Procedures to be followed:

If you choose to participate in this research study, you will complete a brief questionnaire asking about demographic information (i.e. age, gender, education, etc.) and information about your uses of Web Exploration and Analytic Engine for Scientific Sources. Next, it is necessary to determine, if you can interact with a computer workstation and an Eye Tracking device. The eye tracking device is similar to a web camera and does not cause pain or discomfort. If you qualify will then sit in a computer workstation and perform a series of tasks with the Web Exploration and Analytic Engine for Scientific Sources. The experiment will take no longer than 2 hours. Your total commitment to this study will be approximately 2 hours 30 minutes.

### Discomforts and Risks:

There is only minimal discomfort and risk associated with this study. It is similar to working with a computer drawing program. Although it is rare, you may experience slight sore back or sore neck while performing the stated tasks. Rest breaks will be provided as needed if you do experience any of these symptoms. In addition, you may ask to stop the task at any time if you feel the activities are too fatiguing.

### Benefits:

By participating in this study you will learn more about your own ability to use a Web Exploration and Analytic Engine for Scientific Sources while assisting the researchers understand the usability of Web Exploration and Analytic Engine for Scientific Sources.

### Duration/Time:

Your participation in this study will consist of one 2 hours and 30 minutes session in a Computer Science Research Laboratory that will be scheduled based on your availability.

### Statement of Confidentiality:

Your participation in this study is confidential. Only you will have access to the identifier associate with your identity. All forms and datasets will only contain you identifier to ensure your confidentiality. All data and video will be stored in a locked file cabinet in the Texas State University Computer Science Research Laboratory for seven years. In the event of publication of the research, no personally identifying information will be disclosed.

**Right to Ask Questions:**

You may ask questions about any research procedures by directing your questions to Dr. Tamir.

**Voluntary Participation:**

Your participation is completely voluntary and you can withdraw from the study at any time without penalty or prejudice from the Department of Computer Science or Texas State University-San Marcos. Please notify Dr. Tamir of your intent to withdraw from the study with no adverse consequences.

**Request for Further Information:**

You are encouraged to discuss and/or express any concerns or questions regarding this study with the investigators at any time. You should feel confident and secure about your involvement in the study. You may also contact Dr. Jon Lasser, Institutional Review Board (IRB) Chairperson at 512-245-3413, Ms. Becky Northcutt, IRB OSP Administrator at 512-245-2102 for additional information about research rights.

**Compensation Statement:**

You will receive a financial compensation in the form of a \$35 gift card, if you complete all of the tasks in the study.

**Medical Treatment:**

Please be advised as to the availability of medical treatment if a physical injury should result from the research procedures. The investigators will provide no special arrangements beyond calling the Emergency Services telephone number 911. Texas State University-San Marcos students may choose to be examined free of charge at the Texas State Student Health Center. The investigators will report an adverse event per institutional policy. In the event you believe that you have suffered injury not immediately apparent from your participation, please contact the IRB Chairperson or RB OSP Administrator who will review the matter with you, and identify any other resources that may be available to you.

**Disclosure and Funding:**

The authors have no personal financial or other potential conflict of interest in performing this project. Summary findings will be provided to the participants upon request.

**Project Approval:**

This study has been approved by the Texas State University's Human Subjects Review Board.

You have been given an opportunity to ask any questions that you may have and all such questions or inquiries have been answered to your satisfaction.

You must be 18 years of age or older to consent to participate in this research study. If you consent to participate in this research study and to the terms above, please sign your name and indicate the date below.

You will be given a copy of this consent form to keep for your records.

\_\_\_\_\_  
Participant Name (please print in all caps)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I, the undersigned, verify that the above informed consent procedure has been followed.

\_\_\_\_\_

Investigator Signature

Date