Study title	The test of the kiosk prototype
Researcher	Yuzhou Wu, Linyi Gao, Yongliang Tan, Sicheng Wang

We're inviting you to participate in a test. Participation is completely voluntary. If you agree to participate now, you can always change your mind later. There are no negative consequences, whatever you decide.

What is the purpose of this study?

We want to test if the functionality of our kiosk can work properly.

What will I do?

In our test, you'll do the implementation guided by our moderator.

Risks:

The personal information may be disclosed. To reduce the risk, we will use de-identified name during the test.

Other Study Information

Estimated number of participants	100 non-disabled people and 10 disabled people
How long will it take?	About 10 minutes
Costs	None
Future research	Your result won't be used or shared for any future research studies.

What if I am harmed because I was in this study?

If you're harmed from being in this study, let us know. If it's an emergency, get help from 911 or your doctor right away and tell us afterward. We can help you find resources if you need psychological help. You or your insurance will have to pay for all costs of any treatment you need.

Confidentiality and Data Security

We'll collect the following identifying information for the research: your name, gender and age. This information is necessary because we wish each kind of people can use our Kiosk smoothly.

Where will data be stored?	On our computers
How long will it be kept?	Three months

Who can see my data?	**Why?**	**Type of data**
The researchers	To conduct the test and analyze the data	The records of user implementations
The IRB (Institutional Review Board) The Office for Human Research Protections (OHRP) or other federal agencies	To ensure we're following laws and ethical guidelines	The records of user implementations

Contact information:

For questions about the research	Yuzhou Wu Linyi Gao Sicheng Wang YongLiang Tan	XXX-XXX-XXXX
For questions about your rights as a research participant	IRB (Institutional Review Board; provides ethics oversight)	XXX-XXX-XXXX
For complaints or problems	Yuzhou Wu Linyi Gao Sicheng Wang YongLiang Tan	XXX-XXX-XXXX
	IRB	XXX-XXX-XXXX

Signatures

If you have had all your questions answered and would like to participate in this study, sign on the lines below. Remember, your participation is completely voluntary, and you're free to withdraw from the study at any time.

_____

Name of Participant (print)

_____ _____

Signature of Participant Date