**Informed Consent for Result Computation system**

**Yes No**

1. **Taking part in the study**

I have read the Participant Information Sheet, or it has been read to me. I have   
been able to ask questions about the study and my questions have been answered   
to my satisfaction.

I consent voluntarily to be a participant in this study and understand that I can   
refuse to answer questions and I can withdraw from the study at any time during   
data collection, without having to give a reason.

I understand that taking part in the study involves the use of the proposed system

(Prototype) then fill in an evaluation form based on your experience using the

prototype. It would only require few minutes of your time (approximately 30min) to

use the prototype and fill the evaluation form (questionnaire).

I understand that taking part in the study would not involve any known risk.

1. **Use of the information in the study**

I understand that information I provide will be used as supporting information

to the existing information for the development of the proposed system and

would be use as part of the final report of the project work by the researcher.

I understand that personal information collected about me that can identify me,   
such as my name or where I live, will only be used by the researcher for academic

purposes only and would not be publicised

*If you intend to use anonymised quotes in research outputs:*

I agree that anonymised direct quotes can be used in research outputs.

I agree to joint copyright of my experience and observation with a prototype to

Ibrahim Mohammed.

1. **Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Participant’s Name Participant’s Signature Date

By signing above, you are indicating that you have read and understood the Participant Information Sheet and that you agree to take part in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Researcher Signature of Researcher Date

I have accurately read out the Participant Information Sheet and Consent Form to the potential participant. To the best of my ability, I have ensured that the participant understands what they are freely consenting to and have completed the Consent Form in accordance with their wishes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Researcher Signature of Researcher Date

Form of consent for participants unable to provide a signature or to mark the box:

1. **Study contact details for further information**

*Ibrahim Mohammed - imohammed@dundee.ac.uk*