

# Consent Form - Subject n° \_\_\_\_

☐ Left handed

☐ Right handed



You are being asked to take part in a research study on the perception of mass. Please read this form carefully and ask any questions you may have before agreeing to take part in the experiment.

The purpose of this study is to observe how the human hand perceives mass. If you agree to participate, we will conduct a simple test in which we will put different masses in your hand and ask you to estimate their weight. The experiment will take about 15 minutes and you will be asked to come twice.

The results of this test will be kept private. We will not include any information that will make it possible to identify you in any sort of report we could make. You are also asked not to communicate to other potential participants of this study about the experiment or the results.

By participating in this study you will not expose yourself to any risks, other than those encountered in day-to-day life. Taking part in this study is completely voluntary and you are free to withdraw at any time.

In order to take part in this study you must be between the ages of 16 and 70 and not be suffering from any health problem that could affect your hand (ie a broken wrist, Parkinson disease...)

**I have read the above information, and have received answers to any questions I asked, and I consent to take part in the study.**

☐ I will be able to come take part of the experiment twice

Signature \_\_\_\_\_ Date \_\_\_\_\_

Source : « Institutional Review Board - Consent Form (Sample) ». Consulté le 18 janvier 2017.

<https://www.irb.cornell.edu/forms/sample.htm>

# Consent Form - Subject n° \_\_\_\_

☐ Left handed

☐ Right handed



You are being asked to take part in a research study on the perception of mass. Please read this form carefully and ask any questions you may have before agreeing to take part in the experiment.

The purpose of this study is to observe how the human hand perceives mass. If you agree to participate, we will conduct a simple test in which we will put different masses in your hand and ask you to estimate their weight. The experiment will take about 15 minutes and you will be asked to come twice.

The results of this test will be kept private. We will not include any information that will make it possible to identify you in any sort of report we could make. You are also asked not to communicate to other potential participants of this study about the experiment or the results.

By participating in this study you will not expose yourself to no risks, other than those encountered in day-to-day life. Taking part in this study is completely voluntary and you are free to withdraw at any time.

In order to take part in this study you must be between the ages of 16 and 70 and not be suffering from any health problem that could affect your hand (ie a broken wrist, Parkinson disease...)

**I have read the above information, and have received answers to any questions I asked, and I consent to take part in the study.**

☐ I will be able to come take part of the experiment twice

Signature \_\_\_\_\_ Date \_\_\_\_\_

Source : « Institutional Review Board - Consent Form (Sample) ». Consulté le 18 janvier 2017.

<https://www.irb.cornell.edu/forms/sample.htm>