

STANFORD UNIVERSITY Research Consent Form

Protocol Director: _Samuel M. McClure,
Ph.D. _____

Protocol Title: _Neural Mechanisms of Reward Learning _____

CONSENT FORM

FOR QUESTIONS ABOUT THE STUDY, CONTACT: Samuel McClure, Ph.D., Dept. of Psychology, 450 Serra Mall, Stanford, CA 94305. Phone: (650) 721-2281. Email: smcclure@stanford.edu.

DESCRIPTION: You are invited to participate in a **research study** on everyday decision-making and reward learning. About 20-40 participants will be involved in this phase of the study. The overall purpose of the research is to learn more about factors that influence the way we make decisions in every day life. Additionally, we are investigating how the brain learns from previous experiences with reward to value stimuli and make decisions based on this information. In this study, you may be asked to answer questionnaires. You may be asked to receive and rate olfactory stimuli. You also may be asked to call to mind memories or imaginations. Deception may be used. Finally, you may be asked to respond to visually-presented stimuli to indicate which you expect to give more reward (either points or money) or to indicate the amount of reward you expect to receive based on a single stimulus.

RISKS AND BENEFITS: There are no risks to participating in this study. We will do everything possible to maintain confidentiality, and your name will not be associated with any of the data that you provide. Beyond any intrinsic satisfaction you feel in part of this research, there are no other benefits for you in participating. **We cannot and do not guarantee or promise that you will receive any benefits from this study.** Your decision whether or not to participate in this study will not affect your employment/medical care/grades in school.

TIME INVOLVEMENT: Your participation in this experiment will take approximately ____ minutes.

PAYMENTS: In return for your participation, you will receive (check one, and fill in number or "NA")

- ☐ ____ experiment credits.
- ☐ \$ ____.
- ☐ Gift certificate for _____ for a value of \$ ____.

PLEASE NOTE that you may receive the compensation for the session later than today, based on your choices during the experiment. You MAY receive a larger compensation than indicated above, but in no case will you receive a smaller compensation.

SUBJECT'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. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

WITHDRAWAL FROM STUDY: If you first agree to participate and then you change your mind, you are free to withdraw your consent and discontinue your participation at any time. Your

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decision will not affect your ability to receive medical care for your disease and you will not lose any benefits to which you would otherwise be entitled. If you decide to terminate your participation in this study, you should notify Samuel McClure at (650) 721-2281.

The Protocol Director may also withdraw you from the study without your consent for one or more of the following reasons:

- Failure to follow the instructions of the Protocol Director and study staff.
- The Protocol Director decides that continuing your participation could be harmful to you.
- The study is cancelled.
- Other administrative reasons.
- Unanticipated circumstances.

CONTACT INFORMATION: If you have any questions, concerns or complaints about this **research study**, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director, Samuel McClure, Ph.D., at **(650) 721-2281**, or by email at **smcclure@stanford.edu**. You should also contact him at any time if you feel you have been **hurt by being a part of this study**.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, Stanford, CA 94305-5401.

You may keep a copy of this consent form for your records.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THIS STUDY WITH THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

Signature of Adult Participant

Date

Signature of Researcher Obtaining Consent

Date
