



The University of
Science and Technology.
And Life..

Informed Consent Agreement for Participation in a Research Study

Investigator: Mahni Shayganfar

Contact Information: Dept. of Computer Science
WPI
100 Institute Road
Worcester, MA 01609
Tel. 508-847-4492 Email: myshayganfar@wpi.edu

Title of Research Study: Collaboration with a Robot

Sponsor: WPI

Introduction:

You are being asked to participate in a research study. Before you agree, however, you must be fully informed about the purpose of the study, the procedures to be followed, and any benefits, risks or discomfort that you may experience as a result of your participation. This form presents information about the study so that you may make a fully informed decision regarding your participation.

Purpose of the study:

The purpose of this data collection is to explore collaboration between robots and people.

Procedures to be followed:

You will be given a task to perform with the robot. You can communicate with the robot using a computer interface, and the robot will speak to you. You will have a series of objects to manipulate as part of the task. When you complete the task, you will be asked to fill out an online questionnaire and also answer some questions in person with the experimenter.

The entire interaction will be videotaped. After you complete the list of tasks, you will free to ask the experimenter any questions you have and you will be paid \$10 for you participation. The expected time for this interaction is .5 hour or less.

Risks to study participants:

There is no risk to you in participating in this study.

Benefits to research participants and others:

There is no direct benefit to you.

Record keeping and confidentiality: Records of your participation in this study will be held confidential so far as permitted by law. However, the study investigators, the sponsor or its designee and, under certain circumstances, the Worcester Polytechnic Institute Institutional Review Board (WPI

IRB) will be able to inspect and have access to confidential data that identify you by name. Any publication or presentation of the data will not identify you.

Compensation or treatment in the event of injury:

In the unlikely event of physical injury resulting from participation in the research, you understand that medical treatment may be available from WPI, including first aid emergency care, and that your insurance carrier may be billed for the cost of such treatment. No compensation for medical care can be provided by WPI. You further understand that making such medical care available, or providing it, does not imply that such injury is the fault of the investigators. You do not give up any of your legal rights by signing this statement.

Cost/Payment:

You will receive \$10 for completion of the study. If the experimental session is not completed, you will be paid \$10 per completed hour (not to exceed one hour). You will be entered into a lottery for a for a certificate to Amazon for \$100.

For more information about this research or about the rights of research participants, or in case of research-related injury, contact:

Prof. Candace Sidner, Department of Computer Science, WPI, 100 Institute Road, Worcester, MA (Tel. 508-831-6637). You may also contact the chair of the WPI Institutional Review Board (Prof. Kent Rissmiller, Tel. 508-831-5019, Email: kjr@wpi.edu) or WPI's University Compliance Officer (Jon Bartelson, Tel. 508-831-5725, Email: jonb@wpi.edu).

Your participation in this research is voluntary. Your refusal to participate will not result in any penalty to you or any loss of benefits to which you may otherwise be entitled. You may decide to stop participating in the research at any time without penalty or loss of other benefits. The project investigators retain the right to cancel or postpone the experimental procedures at any time they see fit. Data obtained in this experiment will become the property of the investigators and WPI. If you withdraw from the study, data already collected from you will remain in the study.

By signing below, you acknowledge that you have been informed about and consent to be a participant in the study described above. Make sure that your questions are answered to your satisfaction before signing. You are entitled to retain a copy of this consent agreement.

Study Participant Signature

Date: _____

Study Participant Name (Please print)

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| APPROVED WPI IRB 1 6/17/16 to 6/16/17 |
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Signature of Person who explained this study

Date: _____