

	<b>Massachusetts Institute of Technology</b> Committee on the Use of Humans as Experimental Subjects COUHES	<b>COUHES Protocol #</b> 1810570840
		<b>Submission Date</b> 06/01/2020

## **APPLICATION FOR CHANGES TO AN APPROVED PROTOCOL**

*Any change to a protocol must be approved by COUHES. Provide a detailed description of the proposed changes, reason for revisions, and indicate how these changes affect the potential risks and benefits to the subjects. Define any abbreviations and use simple language.*

*Submit one highlighted and one clean copy of all revised material (e.g. consent form, study, recruitment, personnel list etc.). Incomplete applications will be rejected and returned for completion.*

### **I. BASIC INFORMATION**

<b>1. Title of Study</b>	
Sleep Olfactory Interfaces	
<b>2. Principal Investigator</b>	
Name: Pattie Maes	Building and Room #: E-14-548G
Title: Professor of Media Arts and Sciences	Email: <a href="mailto:pattie@media.mit.edu">pattie@media.mit.edu</a>
Department: MIT Media Lab	Phone: 617-253-7442

### **II. REVISION SUMMARY**

<b>1. Indicate if there have been changes to any of the following:</b>	
<i>This section should not exceed 2 pages unless justification is provided.</i>	
A. Recruitment of subjects?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> No constraint on Spanish speakers
B. Experimental procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> Memorization, Sleep and Recall sections have been removed, survey has been modified and breathing test duration has been changed from 5 to 20 mins. Only 1 day experiment instead of 2 days. The experiment has been shifted online over a Zoom call (with institutional sign-in) and the devices would be shipped at the subject's residence.
C. Consent mechanisms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> The consent form would be signed over DocuSign by both study personnel and subject over Zoom call.
D. Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please explain:</i>
E. Study personnel?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, include name, e-mail address, and role in the study:</i>
F. Other:	

**Signature of Principal Investigator**  **Date** 06/01/2020

**Print Full Name and Title** Pattie Maes, Professor in MIT's Program in Media Arts and Sciences

Signature of Department Head .  Date 06/01/20  
Print Full Name and Title \_\_\_\_\_

*Signed copies of the Application for Changes to an Approved Protocol and supporting documents should be e-mailed to [couhes@mit.edu](mailto:couhes@mit.edu). Hardcopies should be submitted to the COUHES office: Building E25-Room 143b.*