CONSENT FORM  
Replication study for PSYCH251 (Santello et. al, J. Neurosci.,1998)

Shivani Guptasarma

Thank you for your interest in participating in this study!

The goal of this study is to understand the nature of human hand postures while using tools or grasping objects. The study will require up to 60 minutes of your time. You will receive an Amazon gift card worth $10 for your participation.

By following the instructions provided, you are participating in a study being performed by cognitive scientists in the Stanford Department of Psychology. If you have questions about this research, please contact us at [stanfordpsych251@gmail.com](mailto:stanfordpsych251@gmail.com). You must be at least 18 years old to participate. Your participation in this research is voluntary. You may decline to perform any or all of the instructed tasks. You may decline further participation, at any time, without adverse consequences. Your anonymity is assured; the researchers who have requested your participation will not release any personal information about you. Your contact information requested below will be used only to send you the Amazon gift card.

For your participation in this study, you will be asked to wear a Microsoft Hololens 2 augmented reality headset on your head and calibrate it for your eyes to cause minimal strain. You will then be given verbal instructions to imagine holding and using everyday objects. You will be asked to form your right hand into the posture you would use while doing so, and press a key on a keyboard with your left hand. These last two steps will be repeated several times. The positions of joints of your right hand will be visually estimated and recorded by the headset along with the time of recording. No other data will be stored. No photographs or videos will be taken.

The risks of using a Hololens are equivalent to those of using any commercial augmented reality device. Tiredness and eye strain may result. You may request an immediate pause or halt to the experiment at any time. Please inform the experimenter of any discomfort.

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

Signature and date

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

Preferred email/phone number for Amazon account