Informed Consent Form

[omitted for review]

November 2025

[omitted for review]

I, _____, voluntarily agree to participate in the research study described below, conducted by [omitted for review].

1. Purpose of the Study

This research aims to evaluate an intelligent platform that integrates a catalog of quality metrics aligned with ISO/IEC 25010 and a chatbot based on Retrieval-Augmented Generation (RAG). The goal is to understand participants' perceptions, experiences, and interactions when using the platform for blockchain quality assessment.

2. Procedures

Participation will include a short introduction to the study, direct interaction with the platform, completion of predefined evaluation tasks, and a post-use questionnaire. The entire session is expected to last approximately 45–60 minutes.

3. Recording and Transcription

With your permission, audio and/or screen activity may be recorded during the session for research purposes. These recordings will be used exclusively to support qualitative analysis of interaction patterns and will be transcribed anonymously. No identifiable information will appear in the transcripts or publications.

4. Voluntary Participation

Participation is entirely voluntary. You may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

5. Risks and Benefits

There are no foreseeable risks associated with participation. The expected benefit is to contribute to the improvement of research methodologies and support tools for evaluating the quality of blockchain-based systems.

6. Confidentiality

All collected data will be treated as confidential and stored securely. Identifying information will not appear in any publications or reports resulting from this study.

7. Results of the Research

The results of this research will be disseminated through academic publications, conference presentations, and institutional reports. Summaries of findings may also be shared with participants upon request. All shared materials will preserve the anonymity and confidentiality of participants.

8. Contact Information

If you have any questions regarding the study or your rights as a participant, please contact the research team at [omitted for review].

[City], _____ of _____ 2025.

Participant's Signature