

INFORMED CONSENT FORM

Digital Guidance for Rhinoplasty

Purpose of this Research: I am asking you to take part in a research project for the purpose of collecting data to develop a database of 3D models of the face and a database of pictures of the face. These databases will be utilized in the research to develop novel methodologies and software for rhinoplasty surgery. In the study, your face will be scanned to get the 3D model of your face and pictures of your face will be taken from different angles. The total time of your participation is estimated to be about 12 minutes.

Eligibility: To be in this study, you must be 18 years of age or older.

Risks or discomforts: The risks of participating in this study are no greater than what is experienced in having your pictures taken. There is a possibility that someone can identify you through your photo. However, your name will not be associated with your picture.

In these uncertain times, there is a risk of contracting COVID-19. In addition to following the established ERAU university policies, the following cleaning procedures will be conducted prior to and during the research study to mitigate these risks:

- The researcher and participant will be required to wash their hands before each participant and touches nothing between the bathroom and research area.
- The researcher will use a disinfectant wipe to wipe all surfaces that are touched by the participant or researcher prior to and after the study.
- Participant and researcher will remain socially distanced throughout the study.

Benefits: While there are no benefits to you as a participant, your participation in this research may help us understand the variations of locations of facial feature points and hence can help our algorithms to work more accurately in detecting the facial feature points more accurately.

Confidentiality of records: Although your photograph will be taken, your name will not be associated with your picture. Photographs will be digitized and kept on a duo-authorized password protected computer in a locked office at the university. Any publication will not include any identifying information. All data will be destroyed three years after completion of the study.

Compensation: You will not be compensated for your participation.

Contact: If you have any questions or would like additional information about this study, please contact M. Ilhan Akbas akbas@erau.edu. For any concerns or questions as a participant in this research, contact the Institutional Review Board (IRB) at 386-226-7179 or via email teri.gabriel@erau.edu.

Voluntary Participation: Your participation in this study is completely voluntary. You may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Should you wish to discontinue the research at any time, no information collected will be used.

Participant Privacy: Any personal information that can identify you will be removed from the data collected and after removal of this information the data collected may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you.

CONSENT. By signing below, I certify that I am 18 years of age or older. I further verify that I understand the information on this form, that the researcher has answered any and all questions I have about this study, and I voluntarily agree to participate in the study.

Signature of Participant & Date:  _____

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Printed Name of Participant: Carlos Rodriguez Ortiz