

Consent Form for Participation in Research

Study Title: XXX

Principal Investigator: XXXX

Other Investigator(s): XXXX

Sponsor(s): XXXX

Purpose of this Study

The purpose of the study is to evaluate and compare different collaborative behaviors for XXX arm in order to design natural and efficient collaborations between XXX and humans.

Procedures

You will be asked to perform a series of collaborative tasks with XXX and/or other participants. In some cases, you will be handing off items and taking items from the XXX robot or another participant. You will sometimes be asked to perform a secondary task during the collaboration, such as reading or playing a game on the computer. In other cases, you will tele-operate XXX from a safe distance to achieve a simple manipulation task, such as picking up an object, or move XXX arm in order to demonstrate how to perform the task.

You may be asked to fill out a questionnaire to rate your experience of the tasks and answer questions about certain images and videos. Video cameras will record you during the study and during any post-task interviews. These videos will be used to analyze your performance and responses, which provide data for assessing our robot technology.

We may also ask you to wear an eyeglasses-style eye tracker or biometric sensors like a heart rate strap to collect additional data. You are free to remove these at any time.

The study will take about 10 minutes.

Participant Requirements

You are required to not have any prior experience interacting with XXX. You must be between the ages of 18 and 45.

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Risks

The risks and discomfort associated with participation in this study are no greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. There will be no risk in interacting with the robot as the experimenter will be present during the entire duration of the experiment and can stop the robot at any time.

Benefits

There may be no personal benefit from your participation in the study but the knowledge received may be of value to Robotics research at XXX University.

Compensation & Costs

You will be compensated with \$5 upon completion of the study. You are expected to complete the study, but in the case of partial completion, partial payment will be remitted.

There will be no cost to you if you participate in this study.

Confidentiality

By participating in the study, you understand and agree that XXX University may be required to disclose your consent form, data and other personally identifiable information as required by law, regulation, subpoena or court order. Otherwise, your confidentiality will be maintained in the following manner:

Your data and consent form will be kept separate. Your consent form will be stored in a locked location on XXX University property and will not be disclosed to third parties. By participating, you understand and agree that the data and information gathered during this study may be used by XXX University and published and/or disclosed by XXX University to others outside of XXX University. However, your name, address, contact information and other direct personal identifiers in your consent form will not be mentioned in any such publication or dissemination of the research data and/or results by XXX University.

The researchers will take the following steps to protect participants' identities during this study: (1) Each participant will be assigned a number; (2) The researchers will record any data collected during the study by number, not by name; (3) Only members of the research group will view collected data in detail; (4) Any recordings or data files will be stored in a secured location accessed only by authorized researchers.

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The sponsors listed on page 1 may also review identifiable research records.

Optional Permission

I understand that the researchers may want to use any video or audio recording for illustrative reasons in presentations of this work online, in print for scientific or educational purposes, or as part of a publically available database.

Please initial only one line:

I grant full permission for the use of audio and video recordings as described above. (Initials: _____)

I grant permission provided that my face is de-identified. (Initials: _____)

I decline this optional permission. (Initials: _____)

Rights

Your participation is voluntary. You are free to stop your participation at any point. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The Principal Investigator may at his/her discretion remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights which you might otherwise be entitled.

Right to Ask Questions & Contact Information

If you have any questions about this study, you should feel free to ask them now. If you have questions later, desire additional information, or wish to withdraw your participation please contact:

XXX

If you have questions pertaining to your rights as a research participant; or to report concerns to this study, you should contact the **Office of Research Integrity and Compliance** at XXX. Email: XXX.

Voluntary Consent

By signing below, you agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study.

University LOGO

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PARTICIPANT SIGNATURE

DATE

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

SIGNATURE OF PERSON OBTAINING CONSENT

DATE