CONSENT TO TAKE PART IN RESEARCH

Study Title: Mobile Health Screening User study
Principal Investigator: XXXX

You are being asked to take part in a research study. Taking part in research is voluntary.

Your decision whether or not to take part will have no effect on *academic standing and/or job status.* Please ask questions if there is anything about this study that you do not understand.

What is the purpose of this study?

The purpose of this study is to evaluate the usability of a Mobile health screening kit that integrates Bluetooth-enabled medical devices sensors to record health data such as Blood pressure and body composition with a tablet computer (such as an Android tablet). If you choose to take part in this study, you will be responsible for ensuring correct usage of the kit after having completed minimal training with researchers.

Will you benefit from taking part in this study?

You might not personally benefit from being in this research study.

What does this study involve?

Your participation in this study may last up to 2 hours per scheduled screening. We plan to conduct around 8 screenings.

What are the options if you do not want to take part in this study?

Participation is voluntary; hence you can withdraw from the study at any time. Please do not sign the consent form if you do not want to take part in the study.

If you take part in this study, what activities will be done only for research purposes?

If you take part in this study, you will be required to provide feedback on the application interface and assist subjects enrolled in the health screening to successfully complete their health screening. You will be using a mobile application ("app") running on an Android tablet to collect the health data. This application includes a usability toolkit that records your interaction with the mobile device. This data will be shared with the app developers at XXXX and the toolkit developers at XXXX for further usability analysis. Prior familiarity with Android is not a pre-requisite for participating in this study. You will be asked to provide feedback about your experience with the mobile application by filling out a survey with general usability questions.

What are the risks involved with being enrolled in this study?

There are minimal risks involved with being enrolled in this study.

The Bluetooth health devices that have been chosen for this study conform to US and International standards of safety for medical devices.

Other important items you should know:

• **Leaving the study:** You may choose to stop taking part in this study at any time. If you decide to stop taking part, it will have no effect on your academic standing and/or job status.

• **Number of people in this study:** We expect approximately XX screening participants to enroll in this study. We plan to hire 1-10 operators to operate the mobile health screening kit depending on the screening schedule, operator availability and other relevant logistics.

• **Funding:** XXXX provides funding to XXXX for this research.

• **Product Development:** If the results of this research are used to develop a product sold for a profit, you will not share in the profit. You will not receive money from the profits.

How will your privacy be protected?

The information collected as data for this study includes:

- XXXX ID numbers
- Your response to a survey regarding your prior technical knowledge of the platform (in the form of an Entry questionnaire)
- Your response to a survey about your experience using the mobile health screening application (in the form of an Exit questionnaire)

Data collected for this study will be maintained indefinitely.
Hard copies (including this consent form) will be stored in the researcher's office in a locked filing cabinet when not in use.

The information collected for this study will be used only for purposes of research as stated earlier in this form. Research data may be shared with officials of XXXX, and others involved in the oversight of this study as permitted by law.

It is possible for a court or government official to order the release of study data including information about you.

Will you be paid to take part in this study?

You will be paid at the rate of $XX per hour.

Whom should you call with questions about this study?

Questions or concerns about this study may be directed to the researcher in charge of this study: Call us at XXX-XXX-XXXX or email.

If you have questions, concerns, complaints, or suggestions about human research at XXXX, you may call the Office of the Committee for the Protection of Human Subjects at XXX-XXX-XXXX during normal business hours.

CONSENT

I have read the above information about *Mobile health screening* and have been given time to ask questions. I agree to take part in this study and I have been given a copy of this signed consent form.

Participant's Signature and Date / PRINTED NAME

Researcher or Designee Signature and Date PRINTED NAME