

CONSENT TO PARTICIPATE IN RESEARCH

XXXX

User Study to test the use of cameras to identify right patient

You are being asked to participate in a research study. Your participation is voluntary.

Your decision whether or not to participate will have no effect on your academic standing or job status if you are student or employee of XXXX. Please ask questions if there is anything you do not understand.

What is the purpose of this study ?

The purpose of the study is to collect photographs of the faces of subjects using a camera attached to a spirometer, while they pretend to blow into the spirometer tube.

What does this study involve ?

You will pretend to blow into a spirometer three times, while the camera attached to the spirometer captures a photograph of your face.

Are there any benefits from participating in this study ?

No.

What are your 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, your photograph will be taken using the camera mounted on a device.

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

You might have concerns regarding the disclosure of your photographs.

Other important items you should know:

- **Withdrawal from the study:** You may choose to stop your participation in this study at any time; if so, you must return the devices. Your decision to stop your participation will have no effect on your academic standing or job status if you are a student or employee of XXXX.
- **Number of participants:** We expect XX participants to enroll in this study.

- **Funding:** XXXX and XXXX provides funding to XXXX for this research.

How will your privacy be protected?

Efforts will be made to protect the confidentiality of the research data used in this study, such as:

We will collect only your photograph. If you are comfortable with allowing us to include your photograph in our research publications or presentations, please check the box below. If the box is not checked, we will not use your photograph in any publication or presentation. The photographs will be stored on secure computers, and hard copies (including this consent form) will be stored in the researcher's office in a locked filing cabinet when not in use.

Research data may be shared with officials of XXXX and others involved in the oversight of this study as permitted by law. Research data may be obtained by a court order or other legal process.

What about the costs of this study ?

There is no cost to participate.

Will you be paid to participate in this study ?

Yes, you will be paid \$XX for participating.

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, 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 **User Study to test the use of cameras to identify right patient** and have been given an opportunity to ask questions.

I consent to having my photograph displayed in publications or public presentations.

I agree to participate in this study and I have been given a copy of this signed consent document for my own records.

Participant's Signature and Date

PRINTED NAME

Researcher or Designee Signature and Date

PRINTED NAME