

Sample Consent Form

Project Title: Strength of Handedness and Backward Recall Ability

Principal Investigator: John Q. Student

Faculty Supervisor: Dr. Solana Professor

The purpose of this study is to examine the relationship between strength of handedness, which has been correlated with corpus callosum size, and backwards serial recall ability. We will use the information gained from this study in publications and professional conferences to help others understand more about these relationships.

All students who are enrolled in lower-level psychology courses are invited to take part in this study for course credit as determined by their professor. The study will take about 15 minutes. You will be asked to sit at a computer and words will be read aloud to you. After each list is complete, you will be asked to type them into the computer in reverse order. Following the word lists, you will be asked to complete a computerized visual-spatial ability task. Finally, you will be asked to complete a handedness survey.

The possible risks and/or discomforts associated with the procedures described in this study include becoming bored with or disliking with the memory or visual-spatial tasks. You are not expected to benefit personally from being in this study. However, we hope that in the future, other people might benefit from because of the information we will learn.

The information you provide will be kept confidential. To help protect your confidentiality, the only people who will see the results of the tests and survey will be the principal investigator (John Q. Student) and the faculty supervisor (Dr. Solana Professor). Results will be organized by participant number and kept under password protection. Participant number will not be linked to your name in order to preserve anonymity.

Your participation in this study is voluntary. If at any time you wish to leave the study you may do so without penalty or any negative consequences. If you are participating for course credit you will still get credit if you choose to leave early.

If you have any questions about the study, please contact John Q. Student (jstudent@my.centenary.edu) or Dr. Solana Professor (sprofessor@centenary.edu).

If you have any concerns about the study, your rights or your treatment as a participant, please contact the Chair of the Institutional Review Board, Dr. Amy Hammond, Centenary Square 213, 381-841-7267, ahammond@centenary.edu or complete an Adverse Events form at www.centenary.edu/irb.

Your signature below indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

Participant's Name (printed): _____

Signature of Participant

Date