New York University
A private university in the public service

Assistant Professor Jonathan Winawer
Department of Psychology and Center for Neural Science
New York University
6 Washington Place, Room 960
New York, NY 10003-6634
jonathan.winawer@nyu.edu
Phone: 212 998-7922
Fax: 212 995-4349

EEG CONSENT FORM (non-paid subjects)

Introduction

You have been invited to take part in a research study to learn more about how people see by measuring responses to visual stimuli using electroencephalography (EEG).

This study will be conducted by Jonathan Winawer of the Department of Psychology in the Faculty of Arts and Sciences at New York University, or by a designated member of his research staff working under the supervision of Professor Winawer.

You must be 18 years or older to participate in this study. If you are under the care of an epileptologist, you must have doctors consent in writing in order to participate.

Procedure

If you agree to take part in the study, you will be asked to do the following:

• Answer a brief series of questions about your medical history, including questions about your handedness and whether you have any neurological disorders.
• Participate in a training session in which you will be asked to view stimuli presented on a computer screen. You will also be asked to make judgments about the stimuli by pressing a button.
• Participate in an EEG session in which your brain activity will be recorded while you view simple visual stimuli and make judgments about them by pressing a button.

Participation in this study will take about 2 hours.

Risks

There are no known risks associated with your participation in this research beyond those of everyday life.
Benefits

You will receive no direct benefits from participation in this study. However, this research may contribute to our understanding of how visual stimuli are encoded in the human brain, and how this encoding supports visual perception.

Cost and Compensation

You will not be paid for participation in this study. There will be no cost to you associated with participation in this study.

If you earn (or if you are compensated) in excess of $600 from New York University, within any calendar year, for participation as a research subject, you will need to report the earnings/payments as income on your taxes, as NYU will be required to report the payments to the IRS as other income and will issue you a 1099 form.

Rights

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. Nonparticipation or withdrawal will not affect your grades or academic standing.

If there is anything about the study or your participation that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact Jonathan Winawer at

Department of Psychology and Center for Neural Science
New York University
6 Washington Place, 9th floor
New York, NY 10003-6634
Phone: (212) 998-7922
Email: jonathan.winawer@nyu.edu

For more information or questions about your rights as a research participant, or if you are not satisfied with the manner in which this study is being carried out, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), 665 Broadway, Suite 804, New York University, (212) 998-4808 or ask.humansubjects@nyu.edu.

Confidentiality

Confidentiality of your research records will be strictly maintained. Information will be stored in the investigator’s file and will be identified by a code number. The code key connecting your name to specific information about you will be kept in a separate, secure location.

The results of this study may be published in a book or journal or used for teaching purposes. However, your name or other identifiers which could identify you will not be used in any publication or teaching materials without your specific permission, which will be requested in writing. However, the EEG images of your brain may be shared anonymously (that is, without any way of identifying who the scan is of) for research or teaching purposes, or displayed at scientific conferences or in publications.
Agreement to Participate

YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THIS STUDY WITH THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, THAT YOU ARE 18 YEARS OF AGE OR OLDER, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

________________________________________  ____________________________
Participant’s Signature                      Date

________________________________________
Participant’s Printed Name

I certify that I have presented the above information to the subject and secured his or her consent.

________________________________________  ____________________________
Experimenter’s Signature                      Date

Have you ever had an MRI (Magnetic Resonance Imaging) scan taken during a study at NYU’s Center for Brain Imaging (CBI)? You are free to leave this section blanks.

☐ NO

☐ YES

If yes, please indicate whether you consent to releasing your MRI data to the researchers of this lab. If you release your MRI data, it will be used to create a cortical reconstruction of your brain surface. An identifying code will be used to link your MEG and MRI data. Protection of your privacy will be maintained throughout.
I DO NOT grant the researchers of this lab permission to access my MRI data

_________________________________________  __________________________
Participant’s Signature                          Date

or

I DO grant the researchers of this lab permission to access my MRI data

_________________________________________  __________________________
Participant’s Signature                          Date