



The College of New Jersey

## TCNJ Institutional Review Board

# RESEARCH SUBJECT INFORMED CONSENT FORM

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**Dear Prospective Research Participant:**

You are being asked to be a volunteer in a research study. Please read this consent form carefully, and ask as many questions as you like before you decide whether you want to participate in this research study. You may also ask questions at any time before, during, or after your participation in this research. You are encouraged to take your time in making your decision.

## GENERAL INFORMATION

**Project Title:** Memory and Aging

**Approved protocol number :** 1128-29 **Approval date :** Jan 21, 2013 **Expiration date:** Jan 20, 2014

**Project sponsor(s):** The College of New Jersey

**Principal Investigator:** Dr. Tamra Bireta, Department of Psychology, Humanities and Social Sciences, The College of New Jersey, P.O. Box 7718, Ewing, NJ 08628; Email: [tbireta@tcnj.edu](mailto:tbireta@tcnj.edu); Telephone: 609-771-3069

## PROJECT INFORMATION

**1. Purpose of the Research:** The purpose of this research is to test different theories of memory by examining how accurately you can remember different types of items (such as letters or numbers).

**2. Exclusion/ Inclusion Criteria:** You must be at least 18 years old.

**3. Research Procedures:** You may be given a brief hearing and/or vision screening and asked to complete a simple test involving memory for lists of digits and a brief vocabulary test. You will be asked to make judgments about items (e.g., words or numbers) and remember sets of items presented either on a computer screen or over headphones. For the conditions in which you are asked to speak aloud, we will tape record your responses. Your responses will be transcribed, and then the recording will be destroyed. There are different versions of the study, and we plan to have approximately 40 to 80 people participate in each version. The length of participation varies, but typically lasts 30 to 60 minutes.

**4. Potential Risks and Discomforts:** There are no foreseeable risks for participants.

**5. Potential Benefits of the Research:** You will have the opportunity to learn more about how memory theories are evaluated and how different factors influence memory.

**6. Compensation for participation:** You will receive 1 PIPER credit for participation lasting up to 30 minutes. You will receive 2 PIPER credits for participation greater than 30 minutes up to one hour.

**7. Alternative procedures or treatments:** N/A

**8. Provision for Confidentiality:** Any results that are reported will be in group form, and only Dr. Bireta and her

research assistants will be able to see your results. Your personal information and results will be kept confidential and will not be released to anyone outside of the lab.

**9. Research-related Injury:** If there are concerns about the treatment of research participants, contact the Institutional Review Board Chair, Dr. Brett BuSha at busha@tcnj.edu. If you experience psychological discomfort as a result of participation in this study, you may contact Counseling and Psychological Services (CAPS) at (609) 771 - 2247.

**10. Contacts for additional information:** If you have any questions about the study, you may contact the PI (Dr. Tamra Bireta) at the address given above. If you have concerns about the research or about your rights as a participant, please contact Dr. Brett BuSha, Chair of The College of New Jersey Institutional Review Board (609-771-2452; busha@tcnj.edu).

**11. Voluntary participation and the right to discontinue participation without penalty:** Your participation in this study is voluntary. You do not have to be in this study if you do not want to be. You have the right to change your mind and leave the study at any time without giving any reason and without penalty. Any new information that may make you change your mind about being in this study will be given to you. You will be given a copy of this consent form to keep. You do not waive any of your legal rights by signing this consent form. You will receive whatever PIPER credit you have earned (based upon your time of participation) even if you choose to withdraw from the study.

**12. Conflict of Interest:** N/A

**13. Additional Information:** N/A

**14. Consent:** *If you sign below, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study. You understand that you will receive a copy of this form. You voluntarily choose to participate, but understand that your consent does not take away any legal right in the case of negligence or other legal fault of anyone who is involved in this study. You understand that nothing in this consent form is intended to replace any applicable Federal, State, or Local laws.*

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***Participant's Name (printed)***

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***Participant's or Authorized Representative's Signature***

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***Date***

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***Principal Investigator's or Authorized Representative's Signature***

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***Date***