RESEARCH SUBJECT CONSENT FORM

Title:	Context resolution and variability: Identifying learning strategies to optimize hippocampal representations
Protocol No.:	18-1077
Sponsor:	Virginia Polytechnic Institute and State University
Investigator:	Rachel A. Diana, PhD, MS, BS Dept. of Psychology 890 Drillfield Dr. Blacksburg, VA 24061 USA
Daytime Phone Number:	540-231-1913
24-hour Phone Number:	Not applicable

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

What should I know about this research?

- Someone will explain this research to you.
- This form sums up that explanation.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.
- You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.

Why is this research being done?

The purpose of this research is to learn more about human thought and behavior. We will publish the results of the study in a scientific journal for the purpose of advancing scientific knowledge.

Up to 500 subjects per year will take part in this research.

How long will I be in this research?

We expect that your taking part in this research will last between 30 minutes and 2 hours, as specified by your experiment signup (feel free to ask the experimenter for details about your session time).

What happens to me if I agree to take part in this research?

If you decide to volunteer for this study, we will ask you to sign this consent form, given you the option to fill out a demographic questionnaire, and then describe the experiment instructions. Next you will sit in a comfortable chair in a small room (located in the Diana Research Lab in Williams Hall) and see or hear pictures, sounds, and/or words shown to you by the experimenter using a computer. You will be asked to make decisions about what you see or hear and to make responses to the stimuli by either pressing a button or by making a verbal response. The timing and accuracy of these button-press responses or verbal responses will be analyzed at a later time to make inferences about mental processes.

What are my responsibilities if I take part in this research?

If you take part in this research, you will be responsible to:

- To notify the investigator if I experience any discomfort or would like to discontinue participation in this study.
- To notify the investigator if I have any questions or concerns regarding participation in this study.

Could being in this research hurt me?

The risks of participating in this study are minimal. The stimuli presented will not be emotionally provocative or threatening in any way. You may become bored during the procedure. If this becomes a problem, please notify the experimenter. You are free to take a break at any time if necessary.

There is the risk of a loss of confidentiality of your research-related information.

Will it cost me money to take part in this research?

No.

Will being in this research benefit me?

There are no benefits to you from your taking part in this research. We cannot promise any benefits to others from your taking part in this research. However, possible benefits to others include an improved understanding of human cognition, which would yield benefits for society.

What other choices do I have besides taking part in this research?

This research is not designed to diagnose, treat or prevent any disease. Your alternative is to not take part in the research.

What happens to the information collected for this research?

Information gathered for this study will be confidential. The information from each participant will be identified by code number only. Information linking your name and code number (Key), will be kept in a file and locked in a file drawer. Only Dr. Diana and her Research Assistants associated with this project will have access to the file. The Key will be destroyed seven years after the study has been completed. It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

Information from this study will be given to the sponsor. "Sponsor" includes any persons or companies that are contracted by the sponsor to have access to the research information during and after the study.

Research records which identify you and the consent form signed by you may also be looked at and/or copied for research or regulatory purposes by:

1. Department of Health and Human Services (DHHS) agencies,
2. the institution where the research is being done, and
3. Western Institutional Review Board® (WIRB®).

Absolute confidentiality cannot be guaranteed because of the need to give information that identifies you to these parties.

We may publish the results of this research. However, we will keep your name and other identifying information confidential. We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

Data collected in this research might be deidentified and used for future research or distributed to another investigator for future research without your consent.

Who can answer my questions about this research?

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board ("IRB"). An IRB is a group of people who perform independent review of research studies. If you have any questions about your rights as a research subject or complaints regarding this research study, or you are unable to reach the research staff, you may contact a person independent of the research team at the Biomedical Research Alliance of New York Institutional Review Board at 516-318-6877. Questions, concerns or complaints about research can also be registered with the Biomedical Research Alliance of New York Institutional Review Board at www.branyirb.com/concerns-about-research.

What if I am injured because of taking part in this research?

If you are injured or get sick while participating in this research, please contact your doctor. You will be billed for any expenses accrued for seeking or receiving medical treatment. There are no other payments routinely offered by the research project, research team, or Virginia Tech.

Can I be removed from this research without my approval?

The person in charge of this research can remove you from this research without your approval. Possible reasons for removal include:

- You do not follow instructions on the tasks administered.
- You do not meet the participation guidelines (age between 18 and 50).

We will tell you about any new information that may affect your health, welfare, or choice to stay in this research.

What happens if I agree to be in this research, but I change my mind later?

If you decide to leave this research, notify the research team so that the investigator can end the task. There are no risks or consequences for withdrawing from the experiment.

Will I be paid for taking part in this research?

If you signed up for SONA credit for this study you will receive the number of credits described in your signup immediately after the study ends. You will not be paid for taking part in this research. In some versions of this research, if you are not earning SONA credit you may be paid up to a total of $25 at the end of the session.

Statement of Consent:

Your signature documents your consent to take part in this research.

Signature of adult subject capable of consent	Date
Signature of person obtaining consent	Date