

Informed Consent Agreement: Online Version

Purpose of the research study: The purpose of the study is to explore how preterm birth is associated with aberrant levels of brain signal entropy and perceptual learning capabilities.

What you will do in the study: During this study, you will come into the laboratory and be asked to complete several questionnaires. If you are uncomfortable with any of the questions being asked, you are free to not answer them. You will then partake in a full-scalp electroencephalograph (EEG) and participate in a visual learning paradigm. The entire study is non-invasive and you can stop the study at any time should you no longer feel comfortable proceeding.

Time required: Your participation in this study will require coming into the lab for two one-hour visits.

Risks: There are no anticipated risks in this study.

Benefits: There are no direct benefits to you for participating in this research study.

Confidentiality: The information that you give in the study will be confidential. Your data will be assigned a participant identification number. We will ask that you provide your netID or contact information to ensure payment is awarded, but this information will not be linked to your responses and will be destroyed upon completion of the study. Your name will not be used in any report.

Voluntary participation: Your participation in the study is completely voluntary.

Right to withdraw from the study: You have the right to withdraw from the study at any time without penalty.

How to withdraw from the study: If you want to withdraw from the study, please inform the researcher. There is no penalty for withdrawing. You will receive 0.5 class participation credits or \$10 for each half-hour completed prior to withdrawal. If you would like to withdraw after your materials have been submitted, please contact the researchers at pugliadevneurolab@gmail.com.

Credit Compensation: If you are completing this study through the study through the Psychology Department Participant Pool, you will receive 0.5 class participation credits for each half-hour completed. Note: experimental credit for the Department of Psychology Participant Pool is only available during the Fall or Spring semester when you are enrolled in a participating psychology class.

Payment Compensation: You will be paid up to \$85 for completion of the study via the UVA Oracle system or gift card. On your first visit, you will be paid \$25 with the opportunity to earn a bonus up to \$5. On your second visit, you will be paid \$50 with the opportunity to earn a bonus up to \$5. You will receive your payment for each portion of the study at the end of each visit. If you do not finish the study, you will be paid for the portions of the study that you do complete.

If you have questions about the study, contact:

Allison Belkowitz, Lab Coordinator
Department of Neurology, University of Virginia
480 Ray C. Hunt Drive
Charlottesville, VA 22903

Project Title: Impact of Birth Term on Neural Function
IRB-SBS Protocol Number: 4539

Telephone: 703-624-8045
pugliadevneurolab@gmail.com

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480 Ray C. Hunt Drive
Charlottesville, VA 22903
Telephone: 434-924-0177
meghan.puglia@virginia.edu

To obtain more information about the study, ask questions about the research procedures, express concerns about your participation, or report illness, injury or other problems, please contact:

Tonya R. Moon, Ph.D.
Chair, Institutional Review Board for the Social and Behavioral Sciences
One Morton Dr Suite 500
University of Virginia, P.O. Box 800392
Charlottesville, VA 22908-0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: www.virginia.edu/vpr/irb/sbs

Agreement:

I agree to participate in the research study described above.

Print Name: _____ **Signature:** _____ **Date:** _____

Agreement for future contact:

Please check one of the options below:

_____ **I agree to be contacted for future research studies.**

My preferred method of contact: _____

_____ **I DO NOT agree to be contacted to future research studies.**

You will receive a copy of this form for your records.