

# HUNTER

The City University of New York

Hunter College/Psychology Department/695 Park Avenue/New York, NY 10065  
Telephone: 212 772-5552 FAX: 212 772-5620

## Parent Informed Consent Form

This research study at Hunter College of The City University of New York concerns measurements of visual function. This study involves recording brain activity while observing patterns (e.g. checks, stripes, flashing lights) on a computer monitor. The purpose of this project is to study visual development in order to advance basic understanding of the way the nervous system works and to aid in the diagnosis and treatment of visual disorders. All volunteers are accepted into this study. We anticipate a total of 60 participants this year.

The expected duration of each testing session is under two hours. Dr. James Gordon will be conducting this study with the aid of one or two assistants. Your child may rest whenever necessary. The procedures to be followed are:

- 1) Surface electrodes will be applied to your child's scalp with water soluble electrode paste.
- 2) Your child will sit in a comfortable chair.
- 3) Your child will wear a patch over one eye and view visual patterns displayed on a computer monitor.
- 4) Press some buttons on a keypad in response to visual stimuli, according to prior instructions.

The risks in participating in this study are minimal. The physical contacts with the instruments are limited to the standard EEG electrodes placed on the scalp and the patch placed on each eye at a time. Electrodes are disinfected between participants. The displays are no more hazardous than a TV screen. The physical discomforts that may be involved include the slight abrasion of the scalp by the electrode paste, the discomfort of wearing a patch and some fatigue resulting from sitting in one position for several minutes at a time. You may withdraw your child from testing at any time without any penalty or loss of benefits to which you or your child may be otherwise entitled.

No direct benefits are expected from this test. Possible benefits might be obtained in the future if these experiments yield information useful on the basic functioning of the visual system and in the treatment or prevention of neural disorders. Any findings arising from this study will be made available to you. If any medical problems are uncovered during the course of the testing, you will be advised to seek your physician's advice. You may call Dr. James Gordon to find out the results of this study at any time. Some results of your child's testing will be available immediately, and you may ask the experimenters about them. The results of these experiments may be presented at an international meeting and/or published in a scientific journal.

The data collected in this study will be kept confidential, and all use of the data will be anonymous. Your child's data files are identified by code number only. Your child's name, address, and this consent form are stored in separate locked files to which only Dr. James

Gordon has access. No names or other identifiers are ever published or reported. The data will be stored in Dr. James Gordon's office for at least three years. The researcher is mandated to report to the proper authorities suspected child abuse, and any indications that you are in imminent danger of harming yourself or others. Your child does not have to participate even if you have given permission.

If you have any further questions concerning this research you may contact Dr. James Gordon at (212) 772-5569. You should contact the Institutional Review Board at (212) 650-3053 if you have any questions regarding your child's rights as a participant or if you feel your child has experienced a research related injury.

**Consent Statement: I have read and understood the information above. I have been given the opportunity to ask questions and discuss this study. I have been given a copy of this form. I consent to my child's participation in the Visual Function Study.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Experimenter's Signature** \_\_\_\_\_

Hunter College of C.U.N.Y.  
Institutional Review Board (IRB)  
PROTOCOL #:  
HC-060932187  
APPROVED:  
FROM: 7/13/10 TO: 7/12/11