

INFORMED CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and listened to an explanation about the research.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask us by mail (Hasler_Project@groupe.epfl.ch) or by phone (021 693 5464).

Project Title: **Study of Four-Handed Human Robot Manipulation**

This study has been approved by the EPFL Research Ethics Committee.

Principal Investigator (Name and First Name): **Prof. Aude BILLARD**

Participant (Name and First Name): Cliquez ici pour taper du texte.

Participant's Statement

I

- agree the research project named above has been explained to me to my satisfaction and I agree to participate in this study on a voluntary basis.
- understand that if I decide at any time that I no longer wish to take part in this project I can notify the researchers involved and withdraw from the study without giving reasons and without any negative consequences.
- have read the Information Sheet for Participants and I have received a copy of the Information Sheet and Consent Form.
- have been informed that all data will be collected and stored safely and reported in an anonymous form, in accordance with the CH Federal law on data protection ("Loi fédérale sur la protection des données" – 235.1).
- agree that the principal investigator and/or the members of the Research Ethics Committee have access to the original data under strict confidentiality.
- have been informed that possible damage to my health, which is directly related to the above study and is demonstrably the fault of EPFL, is covered by the general liability insurance of EPFL (insurance policy no. 501 402430.002 of the Mobilière Assurances). However, beyond the before mentioned, my health insurance and/or accident insurance will apply.
- want to be transported to the following medical centre in case of injury.
medical centre:
- understand that the data collected and information I have submitted will be published as a scientific report. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.
- agree / disagree to be contacted in the future by EPFL researchers who would like to invite me to participate in follow-up studies.

Thank you for your interest in taking part in this research. You will be given a copy of this Consent Form to refer to at any time.

The extra copy of this consent form is for you to keep.

By signing this form, you consent to participate in this study.

Signature du participant:	
Date:	