

## APPENDIX G: SAMPLE PHOTOGRAPHY/VIDEO/AUDIO USE - INFORMED CONSENT

If you plan to take photographs, videotape or audio record human participants, a form such as the one below should be used in addition to the general informed consent (Form F) for Expedited and Full Board Review studies. If your project is Exempt Review, then only a form such as this is needed. Each research project is unique and the informed consent form should be customized to your study.

## PHOTOGRAPHY/VIDEO/AUDIO USE

As part of this research project, we will be making a photograph/videotape/audiotape recording of you during your participation in the experiment. Please indicate what uses of this photograph/videotape /audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces, and your recording will no way affect your credit for participation. We will only use the photograph/videotape/audiotape in way that you agree to. In any use of this photograph/videotape/audiotape, your name would not be identified. If you do not initial any of the spaces below, the photograph/videotape/audiotape will be destroyed.

## Please indicate the type of informed consent. (ONLY LIST ITEMS APPLICABLE TO YOUR STUDY)

The photograph/videotape/audiotape can be studied team for use in the research project.	d by the research	Please initial
The photograph/videotape/audiotape can be shown other experiments.	/played to subjects in	Please initial
The photograph/videotape/audiotape can be used for publications.	or scientific	Please initial
The photograph/videotape/audiotape can be shown scientists.	/played at meeting of	Please initial
The photograph/videotape/audiotape can be shown classrooms to students.	/played in	Please initial
The photograph/videotape/audiotape can be shown/played in public presentations to non-scientific groups.		Please initial
The photograph/videotape/audiotape can be used o radio.	n television and	Please initial
I have read the above description and give my consassindicated above.	sent for the use of the pl	hotograph/videotape/audiotape
Signature:	Date:	
Printed Name:		
The extra copy of this consent form is for your reco	ord.	