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HREC Ref: *[Provided by HREC when study approved]*

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Measuring tongue force
Consent Form for Participants

Tick each statement that you agree with:

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary, that I may decline or stop at any time, and that this will have no effect on my relationship with the researchers or the University of Canterbury.
- ☐ I understand that I may withdraw at any time, that my data will not be placed in the public archive until at least 2 weeks after my session, and that any information I have provided will be withdrawn if this remains possible. I understand that once my recordings and data have been placed in the public archive, they can no longer be withdrawn or deleted.
- ☐ I understand that my signed consent form and the confidential voucher register are the only records that identify me, and that both will be stored securely and separately from my recordings and data.
- ☐ I understand that any published or reported results will not identify me.
- ☐ I understand that ultrasound video of my tongue, along with recorded tongue pressure data, my age and biological sex will be placed in a public archive (the University of Canterbury Data Repository, Figshare) indefinitely.
- ☐ I understand the risks associated with taking part.
- ☐ I understand that I can contact the researcher (Donald Derrick donald.derrick@canterbury.ac.nz, or Phoebe Macrae, phoebe.macrae@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Research Ethics Committee, Private Bag 4800, Christchurch, (email: human-ethics@canterbury.ac.nz).
- ☐ I would like a summary of the results of the project.
- ☐ I understand that Donald Derrick invented the ultrasound post-processing technique used in this research, that it is the subject of patent filings, and that he has declared his conflict of interest to the Human Research Ethics Committee.
- ☐ By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address *(for report of findings if desired)*: _____

Please return the form by email or by hand