

**Attachment K**  
***Michigan State University Consent Form***

## Research Participant Information and Consent Form

You are being asked to participate in a research study. Researchers are required to provide a consent form to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Study Title: Experiments in Economic Decision Making

### 1. PURPOSE OF RESEARCH

The purpose of this study is to investigate individual decision-making under different circumstances. From this study, researchers hope to gain methodological insight into compliance behavior and experimental economics.

### 2. WHAT YOU WILL DO

If you decide to take part in this study, you will be presented with a sequence of decisions which provide you an opportunity to make money. Your earnings will be affected by your decisions and by random chance. You will also be asked to fill in a short survey about yourself. You are free to skip any questions you would prefer not to answer. The process will take approximately 60-90 minutes.

### 3. POTENTIAL BENEFITS

Although there may be no direct benefit to you from your participation in this study, the researchers may learn more about how people make decisions in the economic environment being studied.

### 4. POTENTIAL RISKS

It is unlikely that you will incur any risks or will experience any discomfort as a result of participating in this study.

### 5. PRIVACY AND CONFIDENTIALITY

During the study, your decisions will be linked by a subject number assigned to you by the researcher. This subject number will never be linked to anything which can identify you. Other participants in the experiment will not be able to attribute your decisions to you personally, and they will not know how much you earn. At the end of the experiment, you will have to sign for the amount of your earnings. This form will not contain your subject number, and will not be linked with your decision data.

### 6. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

You have the right to say no to participate in the research. You can stop at any time after it has already started. There will be no consequences if you stop and you will not be criticized. You will not lose any benefits that you normally receive.

### 7. COSTS AND COMPENSATION FOR BEING IN THE STUDY

There are no costs to be involved in this research. As an incentive to participate in this study you will be given a \$10 show-up fee. Additionally, you will take home any profits you make during the experiment.

### 8. CONTACT INFORMATION

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact Robert Shupp, 211E Morrill Hall of Agriculture, 446 W. Circle Dr., MSU, East Lansing, MI 48824; phone: 517-432-2754, email: [shupprob@msu.edu](mailto:shupprob@msu.edu).

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail [irb@msu.edu](mailto:irb@msu.edu) or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

## **9. DOCUMENTATION OF INFORMED CONSENT.**

By clicking through this form, you voluntarily agree to participate in this research study.

**DISCLAIMER:** The Economic Research Service (ERS) of the U.S. Department of Agriculture, The University of Rhode Island, Michigan State University, and Purdue University are conducting this experiment as part of a study on economic decision making. The results of this experiment will help to advance economic theory and our understanding of how economic markets work.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0536-0076 (approved on 07/07/2017, expires on 07/31/2020). The time required to complete this experiment is estimated to be 90 minutes or less, including the time for reviewing instructions and completing the experiment. This information collection is conducted under the authority of 7 U.S.C. 2204 (a) and 7 U.S.C. 2026 (a)(1).

This study does not require the study coordinators to access any of your personal information. You do not have to provide any personal or sensitive information (e.g., relating to illegal behaviors, alcohol or drug use, sexual attitudes, mental health, etc.). Information provided to this study does not have the potential to damage your financial standing, employability or reputation, or place you at risk of criminal or civil liability. ID numbers will be handled separately from names. Efforts will be made to keep your study-related information confidential. However, we must inform you that your responses are not covered by the Confidential Information Protection and Statistical Efficiency Act of 2002. Your data will be protected by the Privacy Act of 1974 (5 USC 552a) and the E-Government Act of 2002 (44 U.S.C. Ch 36).