

Statement of Informed Consent

Interaction Designers from The Cherry Hill Company are conducting feedback sessions in order to understand the needs of potential users of the public user interface of the ArchivesSpace software application. This information will be used to improve the design and development of user interactions, workflows, and user interface components. Additional information about this project can be found here: http://bit.ly/ASpace_PUI

The feedback session will take place on a computer provided by [insert name of test administrator institution], and will be recorded using GoToMeeting. GoToMeeting and a standard web browser will be the only software used during the session. Session administrators will be available to ask questions through the GoToMeeting interface. No data, outside of the recording and any notes taken by test administrators, will be stored.

There are no benefits to you for participating, other than helping to improve the user experience for anyone interested in working with archival collections managed with and made available for public access from the ArchivesSpace software application. We hope that the research will benefit a wide variety of audiences that might use the software at any number of institutions as well as anyone using the open source components.

This research poses no risks to you other than those normally encountered in daily life. All of the information from your session will be kept confidential. After the research is completed, we may save the notes for future use by our design and programming team, but any personally identifiable information you provide for yourself or others will be omitted.

Your participation in this research is voluntary, and you are free to refuse to participate or quit the session at any time.

If you have questions about the research, you may contact:

- Angela Spinazzè, Senior Director of Collaborative Programs, LYRISIS at angela.spinazze@lyrasis.org

You may keep a copy of this form for reference.

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The details of this study were explained to me by:

ArchivesSpace Working Group Member Name: _____

Date: _____

I have read the above project description. I agree with the terms and hereby consent to participate in the study.

Participant Signature: _____

Participant Name (please print): _____

Date: _____