CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY: Validation of the Toxo-RFQ

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KEY INFORMATION:
If you consent to do this study, you will (a) have a finger-prick blood test to see if you have been exposed to a common parasite called toxoplasma gondii, and (b) answer questions about topics that might be related to the parasite. For the blood test, a researcher will stick your finger with a tiny sterile needle and draw blood with a sterile pipette (blood collection tube). This will sting. We may squeeze your finger to get the required 3-5 drops of blood. Then on a computer you will answer personal questions about potentially stressful topics, including suicidality, risk taking, disgust sensitivity, and traditionalism. You may skip any questions that you don’t want to answer. All data is anonymous. Your only benefits are learning about toxoplasma gondii and if you have been exposed to it. Students in PSY1010 classes will receive 2 research credits for participating. We expect the study will take about 45-60 minutes. If you feel uncomfortable with any of these things, please do not participate.

PURPOSE:
Toxoplasma gondii is a parasite. Its life cycle includes changing the brain of infected mice so that they do not fear cats and then are eaten by cats. Humans infected with toxoplasma gondii can also have health and psychological symptoms, especially if their immune system is compromised. Currently only a blood test can evaluate toxoplasma gondii exposure. We developed a self-report measure of exposure to toxoplasma gondii. We call the measure the Toxo-RFQ. The purpose of this study is to check the accuracy of that self-report measure. We will also compare how well the blood test and our self-report measure predict suicidality, risk taking, disgust sensitive, and traditionalism.

PROCEDURES:
We will have 140 participants who are 18 years and older. They will do a blood test for exposure to toxoplasma gondii. For this we will prick your finger, get your blood, and put it in a testing device. While the blood test develops, you will answer many questions on a computer. You may skip any questions. If you want, you can learn whether you have been exposed to toxoplasma gondii. But you may need to wait the approximately 30-45 minutes for the blood test to finish.

POSSIBLE RISKS:
Although unlikely, if you suffer an injury, your medical expenses will be your responsibility or that of your third-party payer. However, you may try to collect compensation for injury related to malpractice, fault, or blame on the part of those involved in the research.

Finger Prick: The finger prick is putting a tiny needle in your finger tip to draw a few drops of blood. It is a standard medical practice. Expect slight pain during the finger prick, and after it we need to
squeeze your finger to get enough blood. Bruising may occur later. Bleeding sometimes lasts a while. We use preloaded needles that can be used only once. This stops any accidental pricking, overly-deep pricking, or cross-contamination by reusing needles. The researcher will wear protective gloves. After use, the researcher will put the needle, pipette, and gloves in a biohazard disposal bin. Any problems should be so slight that treatment is unnecessary. If you have blood coagulation problems (you are a “bleeder”) do not participate.

**Psychological Distress:** You will be asked questions that may make you feel uncomfortable, distressed, or embarrassed. To minimize these risks, you can skip any questions without penalty. Also, your data will be anonymous, which means that even the researchers won’t know which data is yours. Also, here is contact information for mental health help:
- the National Suicide Prevention Hotline: 1-800-273-8255
- Counseling and Psychological Services (CAPS): 435-865-8621, capsdesk@suu.edu
  136 W University Blvd. (Center St.)

**POTENTIAL BENEFITS:**

The main potential benefit of this research is the clinical and scientific use of the self-report measure of exposure to risk factors of *toxoplasma gondii*. If our measure predicts who is infected with *toxoplasma gondii*, then in some cases doctors and researchers could use it rather than the blood test. That could provide painless and useful information to patients and scientists.

You may benefit from this study by learning about (a) *toxoplasma gondii*, and (b) whether or not you are infected by *toxoplasma gondii*.

**COMPENSATION:**

Students in PSY1010 will be given 2 Research Credits for your General Psychology Class. Extra credit may be given for other classes at the professor’s discretion. There is no other compensation.

**VOLUNTARY PARTICIPATION:**

Participation in this study is voluntary. You may refuse to participate in or withdraw from the study at any time, for any reason. Refusal to participate or withdrawal from the study will not result in any penalty and/or loss of benefits to which you are otherwise entitled. You may ask questions any time.

The principal investigator has the right to terminate someone’s participation without regard to the participant’s consent if:
- The participant requires a lengthy extension to complete the study
- The participant shows signs of unsafe physical discomfort
- The participant is expressing signs of extreme emotional and/or psychological discomfort.

**CONFIDENTIALITY:**

Each participant’s documented consent to participate will remain confidential. Your consent form will be stored for 3 years in Dr. Koenig’s office in the SUU Psychology Department, GC308D. Your data will be anonymous. Other than for consent, we won’t ask for any identifying information, such as social security numbers. Your data will be stored separately from your consent form.
QUESTIONS:

For more information concerning this study, its risks and benefits, or the rights of people involved in the research, you may contact:

SUU Institutional Review Board Chair
irb@suu.edu

The Institutional Review Board (IRB) of Southern Utah University has reviewed this study for the protection of the rights of human subjects in research studies, in accordance with federal and state regulations.

SIGNED CONSENT

I have been given an opportunity to ask questions about this study. Answers to any such questions have been to my satisfaction.

With understanding of all of the above, I give my consent to participate in this research study. I have received a copy of this informed consent statement.

PARTICIPANT'S SIGNATURE: ________________________________

PARTICIPANT’S PRINTED NAME: ______________________________

DATE: __________