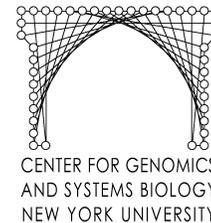


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## CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

You are invited to participate in a research study conducted under the direction of Rachel Meyer, postdoctoral researcher at New York University, under the supervision of Dr. Michael Purugganan, Professor of Biology at New York University. The purpose of this academic research project is to study selection for salt tolerance in African rice, the rice indigenous to Western sub-Saharan Africa. Interviews using a survey are being performed by Rachel Meyer to learn about the local ecology, how people practice agriculture, and how people might select for rice varieties that can handle environmental stresses, particularly, salt. We are asking your permission to interview you. If you decide to participate in this study and take the survey, you will be helping people understand the importance and significance of African rice, you will be helping us characterize varieties from different regions, and you may be helping people overcome challenges to farming in high salinity environments. The results of this study will be made publically available and may be useful to you and other rice farmers. We will also share results with Ag<sup>2</sup>, a socially responsible enterprise that aims to develop tools to help farmers overcome challenges associated with agriculture. Results will be mailed to you at your request for your own use.

If you decide to participate in this study, you will be asked to answer the questions of a survey, which will take approximately 30 minutes to complete. The session may take place at a public setting or on your farm, wherever you prefer. Your participation is entirely voluntary, and if at any point, even after completing the survey, you decide to decline participation, you will not be penalized or lose any benefits and may still have access to the results of this study that other participants can receive. While taking the survey, you will be able to ask for help clarifying questions, and you also may reserve any information you may not feel comfortable sharing. You will not be asked to provide any identifying characteristics, such as your name or address, in the survey. There are no risks in participating this study. There will be approximately 60 participants taking this survey.

All information gathered will be kept strictly confidential, and will be stored in a locked file cabinet, to which only Rachel Meyer and Michael Purugganan will have access. We may publish the results of this study. If you would like a copy of the study when it is completed, please provide your address in a separate paper and we will send you a copy. We will keep this address information strictly confidential.

If you have any questions about this research, you can contact the researchers: Rachel Meyer, at [REDACTED] or [Dramlit@gmail.com](mailto:Dramlit@gmail.com) Michael Purugganan, at [REDACTED]. If you have questions about your rights as a participant of this study, or have inquiries concerning policy, feel free to contact either Rachel Meyer or the New York University's University Committee on Activities Involving Human Subjects (UCAIHS) by phone or by email: 001-212- 998-4808; [ask.humansubjects@nyu.edu](mailto:ask.humansubjects@nyu.edu). New York University cannot provide either medical treatment or financial compensation for any physical injury resulting from the subject's participation in the research.

**Statement of Consent:**

“I have read the description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntarily agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

|                 |                      |                        |
|-----------------|----------------------|------------------------|
| _____           | _____                | _____                  |
| Printed Name of | Signature of Subject | Date Signed<br>Subject |

|                 |   |  |
|-----------------|---|--|
| _____           | _____                                       | _____  |
| Printed Name of | Signature of Person Explaining Consent Form | Date Signed<br>Person Explaining<br>Consent Form |

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|-----------------|---------------------------|--------------------------|
| _____           | _____                     | _____                    |
| Printed Name of | Signature of Investigator | Date Signed Investigator |