**Information Consent Form regarding participation in the experimental study of autobiographical/episodic memory stimulation/training**

**Participant's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With this form, we invite you to participate in a research study. Before taking part in this study, the study will be explained to you, and you will have the opportunity to ask questions. Please read the provided information carefully. Before deciding whether to participate or not, you will need to understand the purpose, utility, risks, and what you need to do regarding this study. If you agree to participate, please sign the form. If you do not sign this form, you may still receive medical care but not as part of this study. You will receive a signed copy of this document.

**Study Information**

***Study Title:*** *Intelligent VR System for Treating Autobiographical/Episodic Memory Deficits*

**Principal Investigators:**

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**Purpose of the Research:**

You are invited to participate in a research study where we aim to develop a multisensory therapy based on VR to recover autobiographical memory deficits. We hope to create a memory deficit treatment system based on an AI/IOT VR software system, an odor dispenser, and an intelligent chatbot. When your participation in the study is completed, you will no longer have access to the devices involved in the study unless otherwise determined by the principal investigator.

**Study Procedures and Visit Schedule**

1. Screening: Participants must be between 18 and 55 years old, without olfactory impairments, or experiencing dizziness/headaches when using a VR headset.

2. Research Study: If you decide to participate in this study, you will randomly receive a multisensory therapy based on VR aimed at stimulating autobiographical reminiscence, capable of treating autobiographical memory deficits, based on a VR headset and an odor dispenser.

**Study Responsibilities**

If you agree to participate in this study, you will need to:

- Respect appointments. If you cannot attend an appointment, notify the team in advance to reschedule.

- Inform the principal investigator about any adverse effects as soon as possible.

**Withdrawal from the Study**

You can withdraw from the study at any time without suffering any prejudice to yourself or your medical care. If you decide not to participate in this study anymore, you must communicate this to the principal investigator. There are no negative consequences for discontinuing the study.

**Experimental Aspects or Those Not Included in Standard Care within the Study**

The study takes place because VR multisensory stimulation and training of autobiographical memory are not yet part of memory treatment. We hope your participation will help us determine if VR multisensory stimulation and training are equal or superior to existing methods. VR multisensory stimulation and training of autobiographical memory in this study are used for research purposes.

**Possible Risks, Discomfort, and Study-Related Displeasure**

There are risks, discomfort, and displeasure associated with any research study. These require careful consideration on your part.

* You may experience dizziness when using the VR headset.
* You may have an allergic reaction to some of the odors used. Therefore, a list of odors will be provided for your consultation.

**Potential Benefits**

If you participate in this study, you can expect to experience some reasonable benefits, especially in optimizing autobiographical memory, reducing stress, and increasing optimism and well-being. However, we cannot guarantee that you will benefit from this study. Nevertheless, your participation could contribute to the accumulation of medical knowledge regarding the study subject.

**Important Information for Study Participants**

There is no data to suggest that the procedure used would be harmful to pregnancy or fetal development.

**Participant Rights**

Your participation in this study is entirely voluntary. Your questions will receive clear and satisfactory answers. In the event that new information becomes available that may be relevant to you regarding the continuation of the study, you will be informed about it in a timely manner by the principal investigator. You have the right to refuse the study of your tissues now or in the future. Signing the form and participating in the study do not affect your legal rights to withdraw from participation at any time.

**Study Confidentiality and Medical Record Confidentiality**

Information collected for this study will be confidential, according to the law. Your data will not be made public. Only researchers involved with you will have access to confidential data. However, sponsoring companies and regulatory bodies will have access to your initial data to verify compliance with study procedures without being able to make this data public. By signing, you or your legally authorized representative authorize this type of access to medical data and the study concerning you. In the event of publication, your identity will remain confidential.

**Use and Disclosure of Your Health Informatio**n

Information about you will be disclosed only within the limits set forth in this form and in accordance with existing legislation. However, these pieces of information may allow your identification and may refer to sensitive subjects. The purposes of disclosing this information will be solely for data collection necessary for completing the research, monitoring the study's conduct, and facilitating research related to this study.

**Costs of Participation**

If you participate in this study, you will not be paid, and you will not pay for access to the methodology/devices used.

**Complications Caused by Research and Their Compensation**

The faculty's laboratory where the study takes place does not have funds allocated.

**Signature:**

**Date:**