Information to the participants from clinical group

Dear Participant,

I, Mr. Hemanth.N, Junior Research Fellow at AIISH, Mysore have undertaken a research study entitled ‘Representation of Amplified Speech at the Brainstem and Cortical levels of the Auditory Pathway in Individuals with Sensorineural Hearing Loss’ under the guidance of Dr.Manjula.P, Professor of Audiology, AIISH, Mysore-6. In this study, 60 individuals with sensorineural hearing loss are included to know the representation of amplified speech at ear canal, brainstem and cortical levels in individuals using hearing aids. This study intends to throw light on improving the ways in which hearing aid parameters could be manipulated for better encoding of speech. Furthermore, this information assists the hearing aid manufacturers to improve the hearing aid technology.

Hence, I request you to participate in the present study. Information will be collected by placing the probe tube of the hearing aid analyzer in the ear canal and the speech stimuli will be presented through the loud speaker of the analyzer at normal conversation level (65 dB SPL). This analysis is done to study the representation of speech at the ear canal. Similarly, the speech stimuli will be presented through the loud speaker of the equipment. The responses will be recorded from the electrodes of the AEP system that are placed on the scalp to study the encoding of speech at the brainstem and cortical levels. The entire procedure is done without and with a hearing aid. A total duration of 90 minutes is required to complete the test, with a break in between. During the course of testing, you will be asked to watch a movie, with audio being muted. This will not harm you in any respect. I assure you that this data will be kept confidential.

Signature of the Investigator
Informed Consent from the Participant

I have been informed about the aim and the procedure of the study. The possible risks-benefits of my participation as human subject in the study are clearly understood by me. I understand that I have a right to refuse participation or withdraw my consent at any time. I have the freedom to write to head of the institute in case of any violation of these provisions without the danger of my being denied any rights to secure the clinical services at this institute. I am interested in participating in the study and hereby give my written consent for the same.

I, __________________________, the undersigned, give my consent to be a participant of this investigation/study/program. I have no objection in participating in the program.

Signature of Individual
Signature of Investigator

Place:                            Date
Place:                              Date
(Name, Address, Telephone, email)

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Dear Participant,

I, Mr. Hemanth. N, Junior Research Fellow at AIISH, Mysore have undertaken a research study entitled ‘Representation of Amplified Speech at the Brainstem and Cortical levels of the Auditory Pathway in Individuals with Sensorineural Hearing Loss’ under the guidance of Dr. Manjula.P, Professor of Audiology, AIISH, Mysore-6. In this study, 40 individuals with normal hearing are included to know the representation of speech at brainstem and cortical levels, which serves as template in studying the individuals with hearing impairment.

In this connection, I request you to participate in the present study. Information will be collected by placing the electrodes of the equipment on the scalp and the response for the auditory stimuli will be recorded. This would approximately require 45 minutes. During the course of testing you will be asked to watch movie, with audio being muted. This will not harm you in any respect. I assure you that this data will be kept confidential.

Signature of the Investigator
Informed Consent from the Participant

I have been informed about the aim and the procedure of the study. The possible risks-benefits of my participation as human subject in the study are clearly understood by me. I understand that I have a right to refuse participation or withdraw my consent at any time. I have the freedom to write to head of the institute in case of any violation of these provisions without the danger of my being denied any rights to secure the clinical services at this institute. I am interested in participating in the study and hereby give my written consent for the same.

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Signature of Individual                Signature of Investigator

Place:                          Date

(Name, Address, Telephone, email)

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