

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study: An exploratory study of the reading habits of self-identified BIPOC readers of Manga

Principal Investigator: Dr. Joe Sanchez, Associate Professor

Research Sponsor: Institute of Museum and Library Services

You are being asked to participate in a research study because you are as a BIPOC reader of Manga

Purpose:

The purpose of this research study is to increase our understanding of why black, indigenous and people of color read Manga. You may want to participate if you would like to share your thoughts and experiences with the researcher. You may choose not to participate if you do not want to share your experiences with the researcher.

Procedures:

If you volunteer to participate in this research study, we will ask you to do the following:

- Participate in a focus group about your experiences reading manga. We will audio record the focus group session to ease our process of accurate transcription.

Time Commitment:

Your participation in this focus group is expected to last for a total of 90 minutes.

Potential Risks or Discomforts:

- While it is unlikely that you should experience any discomfort discussing your experiences in this general education course, you may choose not to answer any question that you do not wish to answer.

Potential Benefits:

- Although you will not directly benefit from your participation in this research study, the findings obtained from this research study will help to design better library services for the BIPOC community

Payment for Participation:

For participating in this study, you will receive \$40 for participating in a ninety-minute focus group.

Confidentiality:

We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.

Respondent confidentiality will be protected by asking all focus group participants to refrain from sharing the content of the focus group. The audio recording will be used for transcription purposes only and will be deleted once we have a written transcription. Your identifying information will be kept on the written transcription files, which will be kept in an encrypted file on a password protected computer. Publications and/or presentations that result from this focus group will only include anonymous data. We may quote aspects of the focus groups in published work but will not identify anyone by name.

The research team, authorized CUNY staff, the Institute of Museum and Library Services, and government agencies that oversee this type of research may have access to research data and records in order to monitor the research.

Participants' Rights:

- Your participation in this research study is entirely **voluntary**. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:

If you have any questions, comments or concerns about the research, you can talk to the principal investigator, Dr. Joe Sanchez jose.sanchez2@qc.cuny.edu

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu. Alternately, you can write to:

CUNY Office of the Vice Chancellor for Research
Attn: Research Compliance Administrator
205 East 42nd Street
New York, NY 10017

Do you agree to being audio recorded in the focus group? Due to the nature of this study, we can only include those willing to be recorded in the focus group component of this study.

Yes, I agree to be audio recorded.

No, I do not agree to be audio recorded.

Do you give your consent to participate in this study?

Yes, I have read and understood the above information and I agree to participate in this study.

No, I decline to participate in this study.

Printed Name Parent or Guardian

Date

Signature of Parent or Guardian