BRIEFING / CONSENT SHEET

Assessing the sensitivity of the skin – temperature receptors

The purpose of this practical is to find out about the temperature receptors in human skin. You and your classmates will be the humans that are used for this assessment, and the study will focus on the skin on your hands.

SAFETY: If you know that you are usually affected badly by hot or cold water, make sure your teacher knows and do not take part in the investigation.

In the investigation you are going to put your hands in water of different temperatures and describe how it feels. Your colleague will also touch you with a thermometer that may be warm (but not hot) or cold (but not freezing). You have to report what you feel – whether you feel the touch or whether you feel the temperature too.

In this investigation, everyone tested will have a slightly different reaction to the different temperatures. We will put the class results together to see the range of our responses. The results will tell us something about the temperature sensitivity of the skin of people in your group, and you will see how your temperature sensitivity compares with others. But, when we put all the information together, no one will know who has provided each answer – so only you will know which data are yours.

* You are participating in a piece of scientific research.
* The activity is **not** a competition.
* The results will **not** show definite measurements for any individual because we are measuring temperature sensitivity on only one day, and with inexperienced investigators.
* If the reaction of your temperature receptors is very different from others in your group, don’t worry. It is likely that people in the group have done the test in slightly different ways.
* If you are worried about the results at the end of the practical, please stay to talk to your teacher about it.
* You do not have to take part in the activity.
* You can stop at any time (but tell your teacher).
* You don’t have to put your results into the class set.
* There will be no long-term effects.

Please write your name and tick the boxes to show how you feel. Then return this slip to your teacher.

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Name: ……………………………………………………………

* I am happy to start the investigation.
* I do not have any conditions that affect my sensitivity to temperature.
* I know I can stop at any time.
* I know I can leave my results out of the class set if I want to.