



## BRIEFING / CONSENT SHEET

### Assessing the sensitivity of the skin – locating different receptors

The purpose of this practical is to assess the distribution of receptors for touch and for pain in a small area of 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 the back of your hand.

**SAFETY:** If you do not trust your colleagues to touch you gently with the equipment, please make sure your teacher knows before you start the investigation.

In the investigation you are going to be touched by a bristle or a sharp point. Your colleague will touch you gently at first, then more firmly. You have to report what you feel – whether you feel the touch or whether you feel pain.

In this investigation, everyone tested will have a different pattern of distribution of touch and pain receptors. We will put the class results together to see if there are any common patterns. The results will tell us something about the sensitivity of the skin of people in your group, and you will see how your 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 sensitivity on only one day, and with inexperienced investigators.
- If the distribution of your touch and pain receptors is very different from others in your group, don't worry. It is likely that your group has not done the test in exactly the same way as others.
- 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 touch and pain.
- I know I can stop at any time.
- I know I can leave my results out of the class set if I want to.