

RESEARCH CONSENT FORM FOR MRI SCANNING

The participant should complete the whole of this sheet himself/herself.

Have you read the Information Sheet? Yes No

Have you had the opportunity to ask questions and discuss this study? Yes No

Have you received satisfactory answers to all of your questions? Yes No

Have you received enough information about the study? Yes No

Who has explained the procedure and study to you (write name)?

Do you understand that you are free to withdraw from the study at any time without having to give a reason? Yes No

Do you agree to take part in this study? Yes No

All the personal information we are going to ask you is required to determine whether it is safe and suitable for you to undergo an MRI scan. This information will be kept separately from your scan and once the scan is complete the scan data be referred anonymously. We will not pass on your personal information to third parties.

The consent form you have signed indicates that you have agreed for your scan data to be used for the study you have been recruited for. However, your scan data can form part of a substantial resource that we can draw on in the future, for example for teaching or further scientific studies. We would like to ask you to consider giving additional consent for your data to be used anonymously in this way.

This consent is entirely optional. Answering "No" to the following questions will not affect whether you can take part in the study for which you have been recruited.

I consent for my scan data to be used for education purposes Yes No

I consent for my scan data to be used in further scientific studies Yes No

NAME IN BLOCK LETTERS:

Signed: _____ Date: _____

NAME OF RESEARCHER:

Signed: _____