

Consent Form to Participate in Research



Project Title:

Example only

I,, have been invited to participate in the above study, which is being conducted under the direction of Dr Someone and Dr Someone Else. I understand that while the study will be under their supervision, other relevant and appropriate persons may assist or act on their behalf.

My agreement is based on the understanding that the research study looks at how different parts of the brain work when people perform tasks. MR anatomical, angiographic and spectroscopic scans (all different types of pictures) of my brain will be acquired while I am at rest. Functional MRI will be performed while I do specific tasks. **I will be in the scanner for up to 70 minutes.**

After the scanning session, I will be asked to complete an out-of-scanner task and a questionnaire relating to my experience in the scanner. **These tests will take about 20 minutes in total.**

- I have received and read the attached ‘Participant Information Sheet’ and understand the general purposes, methods and demands of the study. All of my questions have been answered to my satisfaction. I understand that the project may not be of direct benefit to me.
- I have read and understand the sections in the attached ‘Participant Information Sheet’ describing the tasks that I may be required to perform, possible risks, inconveniences and discomforts, which have also been explained to me. In particular, I understand that the scanner is noisy and a bit tight for space.
- I have read and understand the sections in the attached ‘Participant Information Sheet’ describing the procedure that will be followed should abnormal findings be discovered in my scans. I understand that because these images are taken only for research purposes, not all abnormalities that might be detectable with MR scans are always seen.
- I understand that I can refuse to consent or withdraw from the study at any time without explanation, and that I can be withdrawn by the Principal Investigator from this study at any time, and this will not affect my access to the best available treatment and care from Austin Health.
- I consent to the publishing of results from this study provided my identity is not revealed.
- I hereby voluntarily consent and offer to take part in this study.

Signature (Participant)

Date:

Time:

Participant’s Contact Telephone No.

Witness to signature

Date:

Time:

Signature (Investigator)

Date:

Time:

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