http://www.psy.gla.ac.uk/images/ccni-small-logo.jpghttp://www.findamasters.com/(S(sdpbna3oe55swhagx4hw3c45))/logos/Institutions/PID307.gif

**STUDY INFORMED CONSENT – MEG**

(This form must be completed prior to any MEG experiment)

**Study title:**

I I confirm that I have read and understood the Study Information Sheet provided to me for the above study and have had the opportunity to ask questions.

The study has been explained to me and I understand the explanation given and what my participation will involve.

I understand that my participation is voluntary and that I am free to withdraw at any

time, without giving a reason, without my medical care or legal rights being affected, while being entitled to my per/hour payment.

I understand that the study is not a diagnostic test and would have no potential for

detecting an abnormality in my brain, should an abnormality exist.

I understand that the research data may be accessed by researchers working at or in

collaboration with the CCNi in similar ethically approved studies, but that at all times my personal data will be kept confidential in accordance with data protection guidelines.

**I have initialled the above boxes myself and I freely agree to take part in the study.**

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SIGNATURE OF VOLUNTEER

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF WITNESS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact details**

Name: Klaus Kessler

Address: Centre for Cognitive Neuroimaging

Institute of Neuroscience and Psychology

University of Glasgow

58 Hillhead Street, Glasgow G12 8QB

Tel: +44 (0)141-330 5089,

Telephone: 0141 330 4774

Email: [k.kessler@psy.gla.ac.uk](mailto:k.kessler@psy.gla.ac.uk)