



SFC BRAIN IMAGING RESEARCH CENTRE

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PATIENT CONSENT FORM

Research Project: FUNCTIONAL MAGNETIC RESONANCE IMAGING OF BRAIN TUMOURS

Principal Investigators: **Prof I R Whittle/ Dr C Pernet**

I have read the Information Sheet that has been provided to me, and this Consent Form, and have been given the opportunity to ask questions about them. I am satisfied that I have all the information that I need to provide **informed consent**.

- I understand that my General Practitioner (GP) will be informed of my participation in this study, and know that he/she will be provided with a routine clinical report.
- I know of no reason why I should not undergo Magnetic Resonance Imaging or take part in the study.
- I know that I am under no obligation to take part in the study and **I can withdraw at any time**.
- **I understand that this is a non-therapeutic research from which I cannot expect to derive any direct benefit.**
- **I understand that participating or not participating in the study will not affect the treatment that I would normally receive.**
- I understand and agree that medical images obtained during my scan will be stored and processed using computers and, after the study is completed, that these may be copied onto a permanent record which might be studied again by researchers at a later time.
- I understand and agree that information gathered during my scan may be shared with other medical and scientific researchers, subject to strict laws and University of Edinburgh policies intended to safeguard my privacy.