

CONSENT FORM FOR PARTICIPANTS

Participating in non-clinical studies involving MRI

I _____ (Name)

of _____

_____ (Address)

consent to taking part in the MRI study.

1. I have read the information sheets giving details of this study and MRI, have been given a copy to keep, and have had the opportunity to ask questions. ☐
2. I understand my participation is voluntary and I can withdraw consent at any time without giving any reason and without my medical care or legal rights being affected. ☐
3. I understand that my GP will be informed of my participation in this study, and give permission for this. ☐

My GP is _____

4. I give permission for any information that I provide to be used in this research, or in the monitoring of the research by clinical governance staff. ☐
5. I agree to this research being recorded in the Newcastle upon Tyne NHS Trust clinical notes by authorised staff. ☐
6. I give permission for my structural and functional brain scans to be shared with other researchers for scientific purposes. All shared data will be made anonymous so that I cannot be identified from these scans. ☐

Study: _____ Investigator: _____

Signature: _____ Date: _____
(Participant)