

**INFORMED CONSENT/RECEIPT FOR BEHAVIOURAL/MRI TESTING**

**STUDY INFORMATION:**

Name of Researcher(s):

Name of Senior Experimenter:

Study Title:

Study ID Number:

**Please sign this part of the form BEFORE testing begins, not after.**

- I confirm that the nature of the experiment has been explained to me and that I have agreed to take part.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.
- I understand that the scientific data from this testing session will be stored on a computer or on paper and may contribute to scientific papers and presentations. This data will not be linked to me as an individual.
- I agree that the data can be made available anonymously to other researchers, both inside and outside the CBSU.

(applies to imaging experiments only)

- I consent to the scans and other imaging information obtained in this session being made available to other scientists within the CBSU and their collaborators.

**Signature of Volunteer:** ..... **Date:** .....

(for tests where National Standard Tests have been performed only)

**Please sign this part of the form if additional standard tests (such as IQ tests) have been undertaken in this session.**

- I consent to the Panel Manager receiving the scores (but not individual answers) from some of the tests undertaken in this session, and making them available to other scientists within CBSU.

**Signature of Volunteer:** ..... **Date:** .....

**VOLUNTEER'S DETAILS:**

Name:

Address:

**PAYMENT DETAILS:**

(payments of £40.00 or more will be paid by bank transfer)

Test Date	Hours	Travel	Payment

**FINAL  
TOTAL**

**Signature of Volunteer:** ..... **Date:** .....

I acknowledge receipt of the sum shown above and hereby declare that I am not an employee of the Medical Research Council.

**PLEASE GIVE THIS SHEET TO THE VOLUNTEER**

**Dear Volunteer**

**You have participated in a scientific or medical study today and received the honorarium indicated below from the Medical Research Council.**

**Your attention is drawn to the fact that the payment you have received may be taxable. It is your responsibility to declare this to the Inland Revenue as part of your income if necessary.**

**If your payment is £40.00 or more you will be paid by Automatic Bank Transfer within 30 days. Please provide the researcher with your bank details (branch name; sort code; account number).**

<b>STUDY INFORMATION:</b>  Name of Researcher(s): Name of Senior Experimenter: Study Title: Study ID Number:				
<b>VOLUNTEER'S DETAILS:</b>  Panel id: Name: Address: Email: Tel:				
<b>PAYMENT DETAILS:</b>				
<b>Test Date</b>	<b>Hours</b>	<b>Honorarium</b>	<b>Travel</b>	<b>Payment</b>
			<b>FINAL TOTAL</b>	

**Thank you for participating in research at the MRC Cognition and Brain Sciences Unit.**

**Panel Manager**  
**[panel.manager@mrc-cbu.cam.ac.uk](mailto:panel.manager@mrc-cbu.cam.ac.uk)**