

*Clinical Research Imaging Centre
Queen's Medical Research Institute
MRI Scanner
47 Little France Crescent
Edinburgh, EH16 4TJ*

Study number:

Participant Identification Number for the study:

MAGNETIC RESONANCE IMAGING PARTICIPANT CONSENT FORM

Title of Project:

Name of Researcher:

Please Initial to
Confirm Agreement

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 report prepared by a Radiologist.

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I know of no reason why I should not undergo Magnetic Resonance Imaging or take part in the study

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I understand and agree that medical images obtained during my scan will be stored and processed using computers and that, after the study is completed, that these may be copied onto a permanent record which might be studied again at a later time.

☐

I understand and agree that information gathered during my scan will be fully anonymised and shared in a public data repository subject to strict laws and University of Edinburgh policies intended to safeguard my privacy. I also understand that once on the repository, these data cannot be removed'.

☐

I understand that I am under no obligation to take part in the study and that I can withdraw from the study at any time without giving any reason.

☐

Please Initial to
Confirm Agreement

I have read the Participant 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 agree to participate in the study.

☐

Signature of Participant:

Name:

Date:

Signature of Witness:

Name:

Date:

Name of GP:

Address of GP:

CHI Number (for use by CRIC staff):