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**Participant Consent Form**

*Lisdexamfetamine dimesylate (LDX), taste, and brain activity*

**Contact persons**: Elizabeth Schneider

Email: **Bhamstudies@contacts.bham.ac.uk**

Other investigators UoB: Elizabeth Martin, Prof Suzanne Higgs, Dr Colin Dourish, Dr Maartje Spetter, and Dr Pia Rotshtein

Participant code for this study:

To be able to take part in this study you must sign and date this form. Please **do not tick** any boxes. To confirm that you agree with each one of the terms included in this form you should **add your initials i**n each one of the boxes.

One copy of your informed consent form will be stored on site in our investigator file, and another copy will be given to you to keep for your records.

**Add Initial**

1. I have read and understood the information sheet (Version 4.0, 26/04/2019) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw up to the end of the final test day, without giving any reason, without my medical care or legal rights being affected.
3. I agree to provide information to the researchers on the understanding that it is completely confidential.
4. I agree that blood samples are drawn and stored at the CHBH for up to 1 year.
5. I agree to have my blood samples sent to Analytical Services International LTD for analysis.
6. I agree with undergoing an fMRI scan
7. I understand that my anatomical MRI scan will be shared with medical staff should a pathological change is identified.
8. I understand that all information will be stored in manual (at the University of Birmingham) and electronic files (protected with password) and will be subject to the provisions of the Data Protection Act and the University of Birmingham code of practice for research.
9. I acknowledge that the information provided is being used by the University in accordance with the General Data Protection Regulation and Data Protection Act 2018.
10. I understand that fully anonymised data (which will contain no information that would identify individuals) will be submitted to an online archive in line with the requirements of our funding body. Other researchers beyond the immediate research team will therefore have access to this data. This will be in accordance with the Data Protection Act and will remain confidential at all points in the process.
11. I understand that relevant sections of any of my records and data collected during the study may be looked at by responsible individuals from the University of Birmingham, Birmingham University Imaging Centre, and other regulatory bodies; where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
12. I agree for my GP to be informed of my participation in the study.
13. I agree my GP can disclose relevant medical information to the researchers
14. I agree to take part in the above study.

If you wish to be contacted for possible participation in a follow-up study in the future, please **tick** this box (optional).

If you wish to obtain a copy of the published results, please **tick** this box (optional).

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Name of participant Date Signature

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Name of person taking consent Date Signature