***ADULT VERSION***

**INFORMED CONSENT FORM**

**For participation in “study title…….”**

**To be filled out by the PARTICIPANT prior to the start of the study:**

I confirm that:

* I was satisfactorily informed about the study concerned both verbally and in writing by means of the study specific information brochure “entitled:……….” , version number……
* I have had the opportunity to put forward questions regarding the study satisfactorily and these questions have been answered adequately
* I have had sufficient time to carefully consider my participation in this study.
* I participate of my own free will.

I agree that:

* My data will be acquired and stored for scientific purposes as mentioned in the study specific information brochure.
* I may be approached for a future/follow-up study.
* My experimental data will be shared within the research team under the condition that the data do not consist of any directly identifiable personal data enabling to trace back to my identity.

Optional:

* Video and/or audio recordings will take place in the context of this study. The data acquired are treated confidential and my privacy will be protected conscientiously as described in the method specific information brochure.
* My video-audio recordings will be shared beyond the scope of this study with other researchers for scientific/ non-commercial purposes only (\*encircle choice).

\*YES/NO

I understand that:

* I have the right to withdraw from the study at any time without having to give any reason.
* I have the right to withdraw my experimental data from this study up to one month after study completion.
* I will be informed by my home physician (optional: or the assigned academic GP) about any new information which is of medical relevance to me
* My privacy is protected according to (inter) national Dutch/ EU law.
* My consent will be sought every time I agree to participate in a new study.

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**I give my consent to take part in this experiment:**

Name:………………………………………. Date of birth:……………………………....... (dd/mm/jj)

Signature:................................................ Date and place:……………………………..

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**To be filled by the RESEARCHER prior to the start of the experiment:**

The undersigned declares that the person named above has been informed both in writing and verbally about the study. He /she guarantees subjects’ privacy protection according to the law.

Name:………………………………………. Project code:…………………………………….

Signature:................................................ Date (dd/mm/yyyy):……………………………..