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**Ethics Committee for Non Clinical Research  
Involving Human Participants, Material or Data**

**Consent Form**

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**Title of Project: EMG removal from ECG with deep neural networks**

**Name of Researcher(s): Dr. Bernd Porr, [Students: Ramon Suwanban]**

**Participant Identification Number for this trial: \_\_\_\_\_\_\_\_\_\_\_\_**

**Please initial the boxes**

I confirm that I have read and understood the information sheet **version 1.0 dated 12th August  
2021**, for the above study and that any questions I had about the study have been answered.

I understand that my decision to take part is voluntary and that I am free to withdraw from the   
study at any time without needing a reason and without any consequences.

I agree to have videos of me taken during the experiment which may be published online   
or in journals with the results from the study. (optional)

I agree to the use of recorded data in future approved studies. (optional)

**I AGREE TO TAKE PART IN THE ABOVE STUDY.**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_