**CBU ADULT VOLUNTEER PANEL STUDY CONSENT FORM**

**(THIS FORM MUST BE COMPLETED PRIOR TO THE TEST)**

**Study Title: The Role of DMN in Context Representation during Task Switches**

**Principal Investigator: John Duncan**

**Researcher(s): Ashley Zhou**

**CPREC/NRES Code: PRE.2010.16**

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| --- | --- |
| ***Agreement to continued membership of the CBU Adult Volunteer Panel*** | |
| The MRC Cognition and Brain Sciences Unit (CBU) is part of the University of Cambridge (from July 1st 2017). The University of Cambridge have the responsibility for safeguarding research data and personal information. | |
| Please initial to indicate that you have read each point | |
| 1. I agree to my continued membership of the CBU Adult Volunteer Panel and understand that this means the University of Cambridge holding my personally identifiable information (e.g. my name and address) that I provided when I registered as a volunteer with the MRC Cognition and Brain Sciences Unit Adult Volunteer Panel. This includes information given before the CBU became part of the University of Cambridge. |  |
| 2. I understand that the CBU Volunteer Panel uses a commercial web interface (sona-systems.com) to communicate with volunteers and that, whilst I remain a member of the Panel, my personal information is therefore held on computer servers belonging to this company in Canada and the Netherlands. These are compliant with EU law on data protection. I agree to this. |  |
| 3. I understand that, should I no longer wish to be a member of the Panel, or I cannot be contacted 5 years after my last participation, all personally identifiable information held about me will be deleted from the Panel and the Sona-systems website. |  |
| 4. I confirm that I have had an opportunity to read the CBU Adult Volunteer Panel Information sheet and the CBU Human Subject Privacy Policy, had the opportunity to consider this information, ask any questions and had these questions answered satisfactorily. |  |
| ***Agreement to participate in this study:*** | |
| 5. I confirm that the nature of the above named study has been explained to me and that I have agreed to take part. |  |
| 6. I confirm that I have read the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 7. I understand that my participation in the above study is voluntary and that I am free to withdraw at any time without giving a reason. |  |
| 8. I understand that my personally identifiable information, such as my name, address and date of birth are treated as highly confidential by the research team and kept in a secure computing area and/or in a locked filing cabinet. I have read and understood for how long these details will be kept by the researchers running this study. |  |
| 9. I understand that MRI radiographers will complete a safety screening sheet that will include my name, address and date of birth. I understand that this is retained by the radiographers separately from my research data for 10 years in case of safety audit. I agree to this. |  |
| 10. I understand that the CBU has a duty of care to volunteers and the general public that, in exceptional circumstances, places limits on its duty of confidentiality to research participants. I understand and agree to this. |  |
| 11. I agree that my *anonymised* research data from this study will be kept in the long-term, may be combined with data from other CBU studies to answer new research questions, may be shared with other researchers or may be made ‘Open’ without new consent being sought from me. |  |
| 12. I agree to the CBU panel manager receiving the scores from measures I have completed in this study and making these available to other researchers within the CBU for the purposes of inviting particular participants (e.g. fluent French speakers) to take part in specific studies. |  |

To indicate your agreement with points 1-12 above, please sign below.

Panel id: Name of Participant:

Signature: ……………………………………………… Date: ………………………………………………

**RECEIPT FOR PAYMENT**

**Principal Investigator:**

**Researcher(s):**

**Study Title:**

**Study Type:**

**CPREC/NRES Code:**

**CUFS Project Code: SU /**

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| **PAYMENT DETAILS**  **(payments of £40.00 or more will be made by bank transfer)** | | | | |
| **Test Date** | **No. of Hours** | **Participation Payment** | **Travel** | **Total amount to be paid in cash (£)** |
|  |  |  |  |  |
|  |  |  |  |  |

Test Id / MRI Project Number:

Panel id:

Name of Participant:

Signature: ………………………………………………………………………………………..

(I confirm I am not an employee of the University of Cambridge)

Date: ……………………………………………………………………………………………...

Name of Researcher (please PRINT): ……………………………………………….

Signature: ………………………………………………………………………………………..

Date: ……………………………………………………………………………………………...

Please return this form to the Finance Assistant, Room 12