



Informed Consent EEG

INFORMED CONSENT

I am satisfied with the information about the experiment and have read the written information well. I have had the opportunity to ask questions about the experiment, and I am satisfied with the answers. I have carefully considered my participation in the experiment, and I understand that I have the right to withdraw my participation at any moment with or without reason to do so.

I give my consent to take part in this experiment:

Full name (readable):

Date of birth:

Signature: **Date:**

To be filled in by the researcher

The undersigned declares that the participant named above has been informed both in writing and in person about the experiment. The participant is informed that the experiment will be immediately stopped if requested, and that this will not affect the care that (s)he deserves.

Date:

Name:

Signature:

User no: