



STUDYSPECIFIC INFORMED CONSENT FORM

For participation in: *

☐ MEG ☐ EEG ☐ MRI ☐ NIRS ☐ tCS ☒ Behavioural

*tick the appropriate box(es)

I confirm that:

- I was satisfactorily informed about the study concerned both verbally and in writing by means of the general information brochure and additional study specific information brochure(s) (CMO2014/288; May 2018, version(s) 2.2).
- I have had the opportunity to put forward questions regarding the study and that these questions have been answered satisfactorily
- I have carefully considered my participation in the experiment.
- I participate of my own free will.

I agree that:

- My data/ body material will be collected and used for the purpose mentioned in the information brochure.
- I will be informed by my home physician or the academic GP of General Practitioner Center Heijendaal about any new information which is of medical relevance to me.
- For study purposes audio and/or video recordings may be made
- Beyond the scope of this study: my anonymized experimental data will be shared with other researchers or research groups

I understand that:

- I have the right to withdraw from the experiment at any time without having to give a reason.
- I have the right to request disposal of my experimental data up to 1 month after participation
- My data will be protected according to applicable European privacy law.
- My consent will be sought every time I participate in a new experiment.
- For compliance check of the research few persons may have access to my (personal) data. These persons are mentioned in the information brochure. I consent for this.

I give my consent to take part in this experiment:

Name:..... Date of birth:..... (dd-mm-yyyy)

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

I agree that for scientific purposes collected potential identifiable photo/video/audio recordings beyond the scope of this study will be shared with other researchers or research groups.

YES? NO/ not applicable*

I may be approached for a future neuroscientific study.

YES/ NO*

(*encircle choice)

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 in person about the experiment. He /she guarantees subjects' privacy protection.

Name: Bram Zandbelt Project code: 3017051.01

SONA title of the study: NOW or LATER choices

Signature:..... Date (dd-mm-yyyy):.....