

STUDYSPECIFIC INFORMED CONSENT FORM

For participation in:*

☐ MEG ☐ EEG ☐ MRI ☐ NIRS ☐ tCS ☐ Behavioural
 *tick the appropriate box(es)

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

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; February 2016, version 1.4).
- 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 will be acquired and stored for scientific purposes as mentioned in the general information brochure.
- video and/or audio recordings may take place for scientific purposes.
- I will be informed by my home physician or the academic GP about any new information which is of medical relevance to me.
- I can be approached for a future study.

I understand that:

- I have the right to withdraw from the experiment at any time without having to give a reason.
- My privacy is protected according to Dutch law.
- My consent will be sought every time I participate in a new experiment.

I give my consent to take part in this experiment:

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

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

I agree that my experimental and coded data for strict scientific- publication purposes will be shared with others:

YES / NO*

*encircle preference

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 according to Dutch law.

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

SONA title of the study:.....

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