

**Informed consent form**

**Experiment: Effects of Pleasant Olfactory Stimuli on Mentalizing Ability: An Examination Using the “Reading the Mind in the Eyes” Test**

Researcher: Jesús Díaz Pereira

[to be filled out by the participant before the experiment]

I confirm that:

- I was satisfactorily informed about the study concerned both verbally and in writing by means of the subject information letter.
- 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 subject information letter in pseudo-anonymized form
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I understand that:

- My participation is voluntary, and I have the right to withdraw from the experiment at any time without having to give a reason
- My privacy is protected according to Danish law and European guidelines (GDPR; EU 2016/679)

I give my consent to take part in this experiment:

M 7 F 4 S4

Stevan Loayza  
Full name

30.11.2025, Copenhagen  
Date, Place

Stevan Loayza  
Signature

ID: 1

**Informed consent form**

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I give my consent to take part in this experiment:

Danilo Andjelic

Full name

30.11.2025 . Copenhagen

Date, Place

2A

Signature

M 7

F 8

S 3

ID: 2

**Informed consent form**

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I give my consent to take part in this experiment:

KAROLINA WOLSKA

Full name

30/11/2025

Date, Place

Karoline Wolska

Signature

COPENHAGEN

M 7

F 5

S 7

TD:3

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I give my consent to take part in this experiment:

PAULINA NOWAKOWSKA

Full name

30/11/2025

Date, Place

Jesús Díaz Pereira

Signature

KOPENHAGEN, BIBLIOTEC

M 7

F 3

S 8

TD:4

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I give my consent to take part in this experiment:

Aditi Iyer

Full name

8 30/11/2025, Copenhagen

Date, Place

Aditi

Signature

M 6

F 23

S 5

ID:5 ✓

**Informed consent form**

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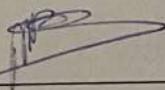
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I give my consent to take part in this experiment:

Stéphanie Mp  
Full name

30/11/2025, Copenhagen  
Date, Place

  
Signature

M - 10

F - 5

S - 8

ID: 6 C

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Researcher: Jesús Díaz Pereira

[to be filled out by the participant before the experiment]

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I give my consent to take part in this experiment:

ALESSANDRA RANA

Full name

30/11/2025, Kongens Lyngby JES Signature

Date, Place

M 6

BF 5

S 4

ID:7 v

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I give my consent to take part in this experiment:

Nic Borum  
Full name

K. LYNGBY 30/11  
Date, Place

AMB  
Signature

M 8  
F 7.5  
S 7.5

IP: 8 C

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I give my consent to take part in this experiment:

Ulrike Emilie Faalenkamp

Full name

30/11-2025, DTU bib

Date, Place

Ulrike Faalenkamp

Signature

M: 5

F: 6

S: 7

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I give my consent to take part in this experiment:

Thomas Gøsvig  
Full name

30/11/2029, Kgs. Lyngby  
Date, Place

R. Gøsvig  
Signature

M: 5

F: 7

S: 9

**Informed consent form**

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I give my consent to take part in this experiment:

Markus Mayntz Johnson

Full name

30/11/2025/

Date, Place

MJ

Signature

M : 6

F : 8

S : 5

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I give my consent to take part in this experiment:

VALENTINA TROELSE

Full name

Lynæby    30/11/2025

Date, Place

ValentinaTrolse

Signature

M 6

F 5

S 4

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I give my consent to take part in this experiment:

Sarath Hari

Full name

30-11-2025, DTU

Date, Place

Sarath Hari

Signature

M → 7

F → 5

S → 8

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Jesús Díaz Pereira

Full name

30.11.2025

Date, Place

Signature

Jesús

M 5

F 7

S 8

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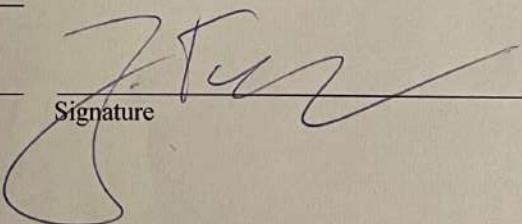
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Jesús Díaz  
Full name

30.11.2005, Copenhagen  
Date, Place

  
Signature

M 5

F 7

S 5

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**Examination Using the “Reading the Mind in the Eyes” Test**

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Jesús Díaz  
Full name

30.11.2025  
Date, Place

Díaz  
Signature

M 5

F 6

S 9

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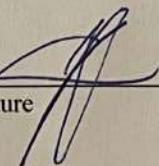
Full name

*Josép Tomàs*

Date, Place

*30.11.25, DTU 101*

Signature



M 4  
F 6  
S 10

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I give my consent to take part in this experiment:

José Pinto de Azevedo Teixeira dos Prazeres  
Full name

30/11/2025 DTU 30/11/2025  
Date, Place Signature

M 6

F 3

S 8

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I give my consent to take part in this experiment:

Jesús Diaz Pereira  
Full name

30. nov 2025  
Date, Place

Jesús  
Signature

M:9

F:1

S:9

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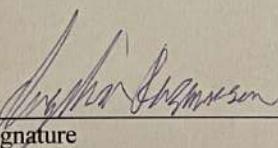
I give my consent to take part in this experiment:

Angelina Boye Rasmussen

Full name

30/11/2025

Date, Place

  
Angelina Boye Rasmussen

Signature

M : 6

F : 9

S : 8

JD.20 C

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I give my consent to take part in this experiment:

ASWATH NARAYANAN

Full name

30/11/25, LYNGBY

Signature

M - Mood (0-10) 6

F - Fatigue (0-10) 5-

S - SMELL (0-10) 4.