Clinique romande de réadaptation
suvacare

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Patient's and end-users' informed written consent for participation in an experimental study

- Please read this form carefully.
- Do not hesitate to ask questions if some aspects seem to you unclear or if you wish to obtain more details.

Ethics approval number:	
Title of study:	**Non-invasive Brain-Computer Interface based control of neuroprosthetic devices**
Promoter (full address):	EPFL, Campus Biotech, Chemin des Mines 9, 1202 Geneva.
Location of the study :	Home and EPFL premises
Investigator First name and surname :	Perdikis, Serafeim
Patient First name and surname : Date of birth : Sex:	 Eric Anselmo 14/4/1968 ☒ male ☐ female

During the present study,

- The involvement of brain areas will be evaluated:
  EEG
- Non-invasive measurements of body signals will be recorded to assess:
  EMG, EOG
- You will be requested to do a simple task in which you have to:
  Imagine movements of body parts
- You will be requested to control/interact with the following neuroprosthetic device:
  Cybathlon game
- Every session will last [hours]:
  1-1.5 hours
- The whole experiment will last [sessions]:
  Several months, until day of Cybathlon competition (Oct. 8th, 2016)

- I declare having been informed, orally and in writing, by the signed investigator of the objectives and the course of the study: the benefits, possible disadvantages and potential risks.
- I affirm to have carefully read and understood the written information sheet for patients that was given to me on the above-mentioned study. I received satisfactory answers to the questions I asked in relation with my participation in this study. I keep the written information sheet and get a copy of my written consent.
- I have carefully read and understood the inclusion/exclusion criteria reported on the information sheet for patients and according to them I agree to participate to this study.
- I have had enough time to make my decision.
- I am informed that insurance has been taken to cover any damages resulting from the study.
- I know that my personal data (including the images of my brain) will be transmitted only in an anonymous form to external institutions for research. I agree that competent specialists of the study, authorities and the Cantonal Ethics Committee could consult my medical file, to conduct examinations and inspections, provided that their confidentiality is strictly assured. Data collected during the study could be transmitted to persons outside (scientific publications), the confidentiality of such information is safeguarded.
- I participate voluntarily in this study. I can, at any time and without any justification, stop participating or revoking my consent to participate in this study, without undergoing any inconvenience that would affect my future medical monitoring. Only, in case of withdrawal of consent, my data, including any previous data collected as part of the same study, will be destroyed.
- I am aware that the requirements and restrictions mentioned in the patients information sheet must be respected throughout the period of study. The investigator may exclude me at any time of the study in the interest of my health.

Place, date	Signature of the patient
Lausanne, 4/4/2016	

Attestation of the investigator: I attest by my signature to have explained to this patient the nature, importance and scope of the study. I declare satisfying all obligations in connection with this clinical trial. If I had to learn, at any time during the conduct of the study, information that may affect the patient's consent to participate in the study, I commit myself to notify immediately.

Place, date	Signature of the investigator
Lausanne, 4/4/2016	

I agree that pictures or videos during the experiment can be recorded.

Place, date	Signature of the patient
Lausanne, 4/4/2016	

I agree that competent specialists of the study may inform me if there will be the possibility to participate to future experiments. My participation will be always on voluntary basis.

Place, date	Signature of the patient
Lausanne, 4/4/2016