| Research Study Ti | itle: |
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SIGNATURES

Signature of the participant

I have reviewed the information and consent form. Both the research study and the information and

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| I agree to secondary data usage (use ethics board). Yes No | of coded data for future pro | ojects approved by a research |
| 2) If you have a previous MRI, do you ag and use it to complete the analysis of t | , - | he present study can access it |
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| 3) I authorize a member of the research sparticipating in other research. Yes No If yes, please provide | | |
| Milcaela Fasold Name of participant | Mikaula Fasold | March 8, 2022 |
| Name of participant | Signature | Date |
| Signature of the person obtaining consent | | |
| I have explained the research study and the participant, and I answered all his/her ques | | d consent form to the research |
| Max Levinson | for | Mar 8 2022 |
| Name of the person obtaining consent | Signature | Date |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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SIGNATURES

Signature of the participant

I have reviewed the information and consent form. Both the research study and the information and

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| 1) I agree to secondary data usage (use of coded data for future projects approved by a research ethics board). | |
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| 2) If you have a previous MRI, do you agree that the investigators of the present study can access it and use it to complete the analysis of the MEG data acquired? | |
| Yes No | |
| 3) I authorize a member of the research study to contact me in the future to ask if I am interested in participating in other research. | |
| Yes No If yes, please provide email or phone: Mgn, th, b a gmo O, com | |
| TYAWH Name of participant Name of participant Name of participant Name of participant | |
| Signature of the person obtaining consent | |
| I have explained the research study and the terms of this information and consent form to the research participant, and I answered all his/her questions. | |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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| 3) I authorize a member of the research study to contact me in the future to ask if I am interested in participating in other research. |
| Yes No If yes, please provide email or phone: |
| Ewa Bożerocka 2022.02.27 |
| Name of participant Signature Date |
| Signature of the person obtaining consent |
| I have explained the research study and the terms of this information and consent form to the research participant, and I answered all his/her questions. |
| Max Levinsus My 2022-05-07 |
| Name of the person obtaining consent Signature Date |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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| Name of participant Kataria Udayh Signature | 3/7/2022 |
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Version 2 Date: September 29, 2020

Protocol number: 2021-7130

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| Peggy Chen Name of participant | leges Chen | March 1, 2022 Date |
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| Max Levison Name of the person obtaining consent | Mil | Mar 1 2022 |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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| Anna Shorto | Perts. | · 11 | 13/22 | |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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Version 2 Date: September 29, 2020

Protocol number: 2021-7130

| Research Study Title | R | ese | arch | Study | Title |
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| Zai da Escila Martinez Moreno Name of participant | Stellar | December 14th, 2021 |
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Version 2 Date: September 29, 2020

Protocol number: 2021-7130

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

I have reviewed the information and consent form. Both the research study and the information and consent form were explained to me. My questions were answered, and I was given sufficient time to make a decision. After reflection, I consent to participate in this research study in accordance with the conditions stated above.

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| Version 2 Date: September 29, 2020 | | Page 8 of 8 | |

Protocol number: 2021-7130

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| Version 2 Date: September 20, 2020 | | Dago 9 of 9 |

Version 2 Date: September 29, 2020

Protocol number: 2021-7130

| Research | Study | Title: |
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Version 2 Date: September 29, 2020

Protocol number: 2021-7130

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| Maria Shirokov Name of participant | Majdurkov Signature | Feb 21, 2022 Date |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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| Yes No If yes, please provide e | mail or phone: <u>elizabeth</u> | .hua@mail.mcgil.ca |
| Flizabeth Hua Name of participant | Elizabeth Ana | 21/2/2022 Date |
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| Version 2 Date: September 29, 2020 | | Page 8 of 8 |

Protocol number: 2021-7130

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| Yes No If yes, please provid | de email or phone: _sai f, as | mi @mail.mcgill.ca |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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Signature of the participant

I have reviewed the information and consent form. Both the research study and the information and consent form were explained to me. My questions were answered, and I was given sufficient time to make a decision. After reflection, I consent to participate in this research study in accordance with the conditions stated above.

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| | Yes No If yes, please prov | vide email or phone: <u> </u> | se@live.com |
| | Sarah Jourdain | GHLY | Flb. 22,2022 |
| Nar | me of participant | Signature | Date |

Signature of the person obtaining consent

I have explained the research study and the terms of this information and consent form to the research participant, and I answered all his/her questions.

| Man Levison | Kin | Feb 22 | 2022 |
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Version 2 Date: September 29, 2020

Protocol number: 2021-7130

| Research | Study | Title: |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

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| Yes No If yes, please provide er | mail or phone: abdela | zhman. ayad@live.com |
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Version 2 Date: September 29, 2020 Protocol number: 2021-7130

| Research | Study | y Title: |
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| 1) I agree to secondary data usage (uethics board). | ise of coded data for future p | rojects approved by a research |
| Yes No | | |
| 2) If you have a previous MRI, do you and use it to complete the analysis of | _ | the present study can access it |
| Yes 🗹 No 🗌 | | |
| 3) I authorize a member of the research participating in other research. | ch study to contact me in the fu | uture to ask if I am interested in |
| Yes No If yes, please prov | ide email or phone: | |
| Poul Hanse n Name of participant | Plas | 28.02.2022 Date |
| Name of participant | Signature | Date |
| Signature of the person obtaining conse | ent | |
| I have explained the research study and participant, and I answered all his/her qu | | nd consent form to the research |
| Mar Levisson | Jus- | Fel 29 2022 Date |
| Name of the person obtaining consent | Signature | Date |
| | € | |
| Varian 2 Date: Contamber 20, 2020 | | Dama Cof C |

Version 2 Date: September 29, 2020

Protocol number: 2021-7130

| Resea | rch | Study | Title: |
|--------|-----|-------|--------|
| 1/6369 | | JUNA | HILIC. |

SIGNATURES

Signature of the participant

I have reviewed the information and consent form. Both the research study and the information and consent form were explained to me. My questions were answered, and I was given sufficient time to make a decision. After reflection, I consent to participate in this research study in accordance with the conditions stated above.

| I agree to secondary data usage (u ethics board). | se of coded data for future proj | ects approved by a research |
|--|------------------------------------|---------------------------------|
| Yes 🔽 No 🗌 | | |
| 2) If you have a previous MRI, do you and use it to complete the analysis of | - | e present study can access it |
| Yes No 🗸 | | |
| I authorize a member of the research participating in other research. | ch study to contact me in the futu | re to ask if I am interested in |
| Yes No 🗌 If yes, please provi | de email or phone: franziska.hilde | esheim@mail.mcgill.ca |
| Franziska Hildesheim | Franziska Hildesheim | 2022/02/18 |
| Name of participant | Signature | Date |
| Signature of the person obtaining conse have explained the research study and participant, and I answered all his/her qu | the terms of this information and | consent form to the research |
| Max Levisson | M | Feb 28 202 |
| Name of the person obtaining consent | Signature | Date |
| | | |
| | | |