

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.

- 1) I agree to secondary data usage (use of coded data for future projects approved by a research ethics board).

Yes ☒ No ☐

- 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: 514-654-4586

Mikaela Fasold

Name of participant

Mikaela Fasold

Signature

March 8, 2022

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.

Mat Levinson

Name of the person obtaining consent

[Signature]

Signature

Mar 8 2022

Date

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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@gmail.com

THANH
Name of participant

[Signature]
Signature

10/03/22
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 Levinson
Name of the person obtaining consent

[Signature]
Signature

March 10 2022
Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

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Signature of the participant

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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: _____

Ewa Bożerocka
Name of participant

Signature



2022.02.27
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 Levinson
Name of the person obtaining consent

Signature



2022-03-07
Date

Research Study Title:

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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: Udaykataria@mail.mcgill.ca

Uday Kataria Udayk 3/7/2022
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 Levinson [Signature] 3-7-2022
Name of the person obtaining consent Signature Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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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: peggyrwa@gmail.com

Peggy Chen
Name of participant

Peggy Chen
Signature

March 1, 2022
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 Levinson
Name of the person obtaining consent

ML
Signature

Mar 1 2022
Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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Yes ☒ No ☐

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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: maria.haddad@mail.mcgill.ca

Maria Haddad Maria H. Jan 31 2022
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 Levinson ML Jan 21 2022
Name of the person obtaining consent Signature Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

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Signature of the participant

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Yes ☒ No ☐

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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: alireza.fallahfard@yahoo

Alireza FallahFard
Name of participant

Alireza
Signature

2022 Jan 18th
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 Levinson
Name of the person obtaining consent

[Signature]
Signature

Jan 18 2022
Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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Yes ☒ No ☐

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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: _____

Saeedeh Dehghani [Signature] 2021/12/20
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 Levinson [Signature] Dec 20 2021
Name of the person obtaining consent Signature Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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Yes ☒ No ☐

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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: anna.shorto@gmail.com

Anna Shorto

Name of participant

[Signature]

Signature

1/13/22

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.

May Levinson

Name of the person obtaining consent

[Signature]

Signature

Jan 13 2022

Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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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: _____

Niloofer Gharezi Niloofer Gharezi 16, 12/ 2021
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 Levinson [Signature] Dec 16 2021
Name of the person obtaining consent Signature Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

Signature of the participant

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Yes ☒ No ☐

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Yes ☒ No ☐ If yes, please provide email or phone: _____

Zaida Esula Martínez Moreno
Name of participant

[Signature]
Signature

December 14th, 2021
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 Levinson
Name of the person obtaining consent

[Signature]
Signature

Dec 14, 2021
Date

Research Study Title:

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SIGNATURES

Signature of the participant

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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: eleanor.hill@mcgill-mcgill-co

Name of participant ELEANOR HILL Signature  Date Dec 14th 2021

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 Levinson  Dec-14-2021
Name of the person obtaining consent Signature Date

Research Study Title:

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Yes ☒ No ☐

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Yes ☐ No ☒ If yes, please provide email or phone: _____

<u>Marc Lalancette</u>	<u></u>	<u>2021-12-14</u>
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.

<u>Max Levinson</u>	<u></u>	<u>Dec 14 2021</u>
Name of the person obtaining consent	Signature	Date

Research Study Title:

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Yes ☐ No ☒

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Yes ☒ No ☐ If yes, please provide email or phone: _____

Raymundo Cassani Gonzalez
Name of participant

[Signature]
Signature

8-Dec-2021
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 Levinson
Name of the person obtaining consent

[Signature]
Signature

8-Dec-2021
Date

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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: maria.shirokov@mail.mcgill.ca

Maria Shirokov
Name of participant

Maria Shirokov
Signature

Feb 21, 2022
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 Levinson
Name of the person obtaining consent

Max Levinson
Signature

Feb 21 2022
Date

Research Study Title:

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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: elizabeth.hua@mail.mcgill.ca

Elizabeth Hua
Name of participant

Elizabeth Hua
Signature

21/2/2022
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 Levinson
Name of the person obtaining consent

Max
Signature

Feb 21 2022
Date

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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: sai p. asmi @mail.mcgill.ca

<u>SAIF ASMI</u>	<u></u>	<u>21/02/2022</u>
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.

<u>Max Levinso-</u>	<u></u>	<u>Feb 21 2022</u>
Name of the person obtaining consent	Signature	Date

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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: sarandenisse@live.com

Sarah Jourdain

Name of participant

[Signature]

Signature

Feb. 22, 2022

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 Lévesque

Name of the person obtaining consent

[Signature]

Signature

Feb 22 2022

Date

Research Study Title:

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SIGNATURES

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Yes ☐ No ☒ N/A

- 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: BL SEEAGEE@COMCAST.NET

LUCIA GUERRA  23 FEB-22
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.

Mar Levinson  23 Feb 2022
Name of the person obtaining consent Signature Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

SIGNATURES

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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: arman.sim04@gmail.com

Arman SHROFF-MEHRABADI arman Feb 24 2022
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 Levinson ML Feb 24 2022
Name of the person obtaining consent Signature Date

Research Study Title:

Multimodal Neuroimaging of Perceptual Inference

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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: abdelrahman.ayad@live.com

Abdelrahman Ayad

Name of participant

Abdelrahman Ayad

Signature

28/2/2022

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 Levinson

Name of the person obtaining consent

Max Levinson

Signature

28 Feb 2022

Date

Research Study Title:

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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: _____

Paul Hansen
Name of participant

Paul Hansen
Signature

28.02.2022
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 Levinson
Name of the person obtaining consent

Max Levinson
Signature

Feb 28 2022
Date

Research Study Title:

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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: franziska.hildesheim@mail.mcgill.ca

Franziska Hildesheim

Franziska Hildesheim

2022/02/18

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 Levinson

[Signature]

Feb 28 2022

Name of the person obtaining consent

Signature

Date