**CBU ADULT CONSENT FORM**

**Ethics Title: Behavioural and Imaging Studies of Control over Attention, Action, and Emotion**

**Study Title (if different): Learning and Attention**

**Principal Investigator: Michael Anderson CPREC/NRES Code: PRE.2019.041**

**Researcher(s): Maite Crespo-Garcia, Akul Satish, Golan Karvat, Zahira Cohen, Laura Marsh,**

**Zulkayda Mamat, Molly Rowlands, Mahek Kirpalani, Julia Beker, Krisha Shah,**

**Jarrod Lewis-Peacock, Lili Sahakyan**

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| The MRC Cognition and Brain Sciences Unit (CBU) is part of the University of Cambridge. The University of Cambridge have the responsibility for safeguarding research data and personal information. | |
| Please initial to indicate that you have read each point | |
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| 1. I confirm that I have read and understood the participant information sheet for the above study, and have had the opportunity to ask questions, and agree to take part. | \_\_\_\_\_ |
| 2. I understand that my participation in the above study is voluntary and that I am free to withdraw at any time without giving a reason. | \_\_\_\_\_ |
| 3. I understand that personally identifiable information, such as my name, address and date of birth are treated as highly confidential by the research team and kept in a secure computing area and/or in a locked filing cabinet. I have read and understood for how long these details will be kept by the researchers running this study. | \_\_\_\_\_ |
| 4. I agree that my research data from this study will be kept in the long-term, may be combined with data from other CBU studies to answer new research questions, may be shared with other researchers or may be made ‘Open’ (shared with other investigators or the general public) without new consent being sought from me. The details, results and implications of these other studies are unknown. | \_\_\_\_\_ |
| 5. [IF MRI STUDY] I understand that MRI radiographers will complete a safety screening sheet that will include my name, address and date of birth. I understand that this is retained by the radiographers separately from my research data for 10 years in case of safety audit. I agree to this. | \_\_\_\_\_ |
| 6. [IF MRI/MEG] I understand that I will be informed of any incidental findings arising from a brain scan | \_\_\_\_\_ |
| 7. I understand that the CBU has a duty of care to volunteers and the general public that, in exceptional circumstances, places limits on its duty of confidentiality to research participants. I agree to this. | \_\_\_\_\_ |
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To indicate your agreement with points 1-7 above, please sign below.

Name of Participant: Panel ID (if available):

Signature: ……………………………………………… Date: ………………………………………………