

<b>Principal Investigator:</b>
<b>Project reference number:</b>
<b>LREC/CPREC code</b>
<b>Scan ID:</b>

**INFORMED CONSENT  
(THIS FORM MUST BE COMPLETED PRIOR TO THE TEST)**

**Initials of Participant**

I confirm that I have read the CBSU Guide for Volunteers, understand the volunteer Information Sheet provided to me for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my medical care or legal rights being affected.

I understand that this is not a diagnostic scan by that if something abnormal should be noticed, I will be informed, as will my GP if I so wish.

I understand that, where the MRC is the sponsor, there are volunteer indemnity arrangements to cover negligent harm. Where the MRC is not the sponsor, insurance indemnity arrangements are in place.

I understand that my personal data, which link me to the research data, will be kept securely in accordance with data protection guidelines, and only available to the immediate research team.

I understand that the research data, which will be anonymised (not linked to me), may be shared with others.

**I have initialled the above boxes myself and I agree to take part in the study**

**SIGNATURE OF VOLUNTEER**

**Signature:** \_\_\_\_\_

**Name in block capitals:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE OF WITNESS**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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