



EEG                     MRI                     Other (e.g. behavioral, eye-tracking)

**Fill out before the start of the experiment!**

I confirm that:

- I was satisfactorily informed about the current study and its potential risks, both verbally and in writing by means of the screening forms and if applicable additional study specific information brochure(s).
- I have had the opportunity to pose questions regarding the study and that these questions have been answered satisfactorily.
- I have carefully considered my participation in the experiment.
- I participate in a sober state and of my own free will.

- My data will be acquired and stored for scientific purposes. I understand that:

- I have the right to withdraw from the experiment at any time without having to give a reason.
- My privacy is protected according to Dutch law.
- Personal information collected for payment will only be used for the purpose of financial compensation and kept separate from the experimental data.

I give my consent to take part in:

**Experiment:** ..... **Subject number:** ....

**Name:** .....

**e-mail:** .....

**Date of birth:** ..... (dd/mm/yy) **Gender:** Male/Female

I agree that my experimental and coded data can be used and shared with others for strict scientific reasons only (encircle preference):                    **YES / NO**

As compensation I would like to receive:                    **CREDITS / MONEY**

The experimenter (only) may contact me for future testing: **YES / NO**

**Signature:** .....

**Current date:** ..... (dd/mm/yy) **Place:** .....

**Informed Consent form**

(version 0.75)

**Filled out by the RESEARCHER after the experiment.**

The undersigned declares that the person named above has been informed both in writing and in person about the experiment. He / she guarantees subjects' privacy protection according to Dutch law.

**Name:** .....

**Signature:** .....

**Current date:** ..... (dd/mm/yy) **Place:** .....

**Subject number:** .....

**Notes:**