



Informed Consent form (updated 15-04-13)

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.

I agree that:

- 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: **YES / NO** (encircle preference)

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

Signature:

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

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(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: