



ROYAL HOLLOWAY, UNIVERSITY OF LONDON - MAGNETIC RESONANCE IMAGING UNIT

CONSENT FORM

NAME OF PARTICIPANT.....

Please read the following statement carefully and then add your signature. If you have any questions, please ask the person who gave you this form. You are under no pressure to give your consent and you are free to withdraw from the MRI examination at any time.

I agree to participate in an MRI examination conducted for research purposes

by (name of researcher)

on(name of project).

- I understand that the examination is not part of any medical treatment.
- I have completed two screening forms and I have been given an opportunity to discuss any issues arising from them.
- The nature of the examination has been explained to me and I have had an opportunity to ask questions about it.
- I consent to a specialist and my UK general practitioner being contacted in the unlikely event that the scan reveals any suspected abnormality.

Signature

(for children under 18 years: signature by child and a parent or guardian)

Date.....

WITNESS:

Statement by a witness, who must be either an authorised person or a scientific collaborator who is familiar with the experimental procedure and is able to answer questions about it.

I certify that the above participant signed this form in my presence. I am satisfied that the participant fully understands the statement made and I certify that he/she had adequate opportunity to ask questions about the procedure before signing.

Signature.....

Date.....

Name

Address of witness (if not an Authorised Person):