

CONSENT FORM

By signing this form, I give my free consent to participate in the above research project and agree that:

1. I have read and understood the Information Sheet and have had all questions answered to my satisfaction.
2. The research project will be carried out as described in the Information Sheet, a copy of which I have retained.
3. For participating in data acquisition, I will be required to:
 - Complete a health assessment questionnaire,
 - Complete an MRI questionnaire and attend MRI scanning.
 - Attend optical NIRS scanning,
 - Have my weight and height measured,
 - Have my vital signs monitored during the NIRS session via a chest strap,
 - Attend one transcranial Doppler scanning session.
4. My consent is voluntary, and I may withdraw from the study at any time. I do not have to give a reason for the withdrawal of consent. I can elect to withdraw any data that I have contributed to the study.
5. If I decide to withdraw my consent, my decision will not affect any future interactions with the University of Newcastle or the Hunter Medical Research Institute.
6. I understand that all information will remain confidential.

Name: Signature..... Date.....

I would like to be contacted if there is an opportunity to participate in follow-up research related to this project. YES NO

Email address: _____

In rare cases, MRI data may suggest a structural brain abnormality. This event is very rare in healthy people without clinical symptoms so you need not be alarmed. In such case, we will send a report to your GP who will invite you for consultation. To cover this possibility, we ask you to provide us with details of your GP's name and address.

I consent to the researchers contacting my GP, who will discuss these findings and suggest suitable course of action with me.

GP Name: _____ Phone Number: _____

Practice Address: _____