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**Consent Form for the Research Project:**

**The use of BIS in comparison to limb-isolation technique to predict awareness in ECT: A pilot study**

**Researchers: Laura Mackenzie, Allysan Armstrong-Brown, Hamish Meares**

Document Version 2; dated 7 October 2021

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I understand I can withdraw from the project at any time up until the point of publication and do not have to give any reason for withdrawing.

I consent to:

* The research team placing BIS monitoring on my forehead during my ECT treatment/s
* The research team observing my ECT treatment/s and recording written data during these treatments
* The research team accessing my medical record to obtain information relevant to this study

I understand that my personal information will remain confidential to the researchers.

I have had the opportunity to have questions answered to my satisfaction.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Would you like to receive a summary of the results of this research project after it has been completed?

(Yes or no) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If yes, please provide your email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**