

For advice on this study:
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For independent advice:
Dr Ruth Hamilton
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PARTICIPANT CONSENT FORM
Healthy Volunteers: 7T

Image Optimisation for Advanced MRI Research Studies

Study Number:

Volunteer Identification Number:

Research Team: Mrs T Hopkins (CI), Keith Muir (PI) Dr J Foster, Dr J McLean, Dr P Hall Barrientos, Dr S Allwood-Spiers, Prof D Porter, Ms R Woodward, Prof L Muckli, Mrs F Crabbe, Dr J Goense, Mr T Morgan, Dr N Fullerton

Name (Block Capitals):

Please initial box

1. I confirm that I have read and understand the Participant Information Sheet for this study (version 5, dated 18/08/17) for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered to my satisfaction.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my medical care or legal rights being affected.

3. I understand that if there are any unexpected findings then I will be referred for a 3T MRI scan and appropriate doctor for further investigations

4. I agree to take part in this study

5. I am happy to be contacted if a further scan is required for reproducibility purposes

Participant Signature:..... Date:.....

Researcher Signature:..... Date:.....