

# Neuroimaging Study Consent Form

Study Title:

Principal Investigator:

Purpose of the Study

Study Procedures

- 1.
- 2.
- 3.

Risks and Discomforts

- 
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Benefits

Confidentiality

Voluntary Participation and Withdrawal

Contact Information

- Principal Investigator:

- Email:

- Phone:

Participant Statement

I have read and understood the information above. I have had the chance to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

Participant Name (print):

Signature:

Date:

Investigator Name (print):

Signature:

Date: