

Informed Consent Form for Neuroimaging Studies

Project Title:

Principal Investigator:

Study Description

Procedures

-
-
-

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Contact Information

Consent Statement

I have read and understood the information provided above. I have had the opportunity to ask questions and have received satisfactory answers. I freely and voluntarily agree to participate in this neuroimaging study.

Participant Name:

Participant Signature:

Date: