

CCNB\_\_\_\_\_\_\_\_\_\_

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- Consent MR examination –

Consent Form for Magnetic Resonance Imaging

Department of Education and Psychology

Freie Universität Berlin

Name, first name: ................................................................................................................................

I,……………………………………………………………..., was informed by an employee about the nature, significance and implications of magnetic resonance imaging. I have read and understood the explanation. I had the opportunity to ask questions, have understood the answers and accept them. An employee has informed me about potential risks and benefits regarding the participation in the study.

I had enough time to decide for myself to participate in this study and I know that participation is **voluntary**. I know that I can stop participating at any time without giving reasons, and that this decision would not have any negative consequences for me.

**I hereby declare:**

􀁸 my voluntary participation in the MRI examination as part of the study

**Declaration of consent to data protection:**

I have been informed that the data collected will be recorded and stored pseudonymously in paper and digital form in compliance with the currently valid data protection regulations. The allocation of data to my name and contact data can only be done via the internal database of the "Centre for Cognitive Neuroscience Berlin" (CCNB). This database is secured according to current standards and is subject to strict access control. According to the currently valid guidelines, the collected data will be stored for 10 years and then deleted. In anonymized form, the data may be stored beyond that period by the respective examiner/s. In this anonymized form, it is no longer possible to relate the data to a specific person.

**I hereby consent:**

􀁸 that my MRI and personal data may be stored by the CCNB for scientific research.

􀁸 I am aware that I can obtain information about the stored data and that I can revoke my consent to the storage of my personal data at any time. In the event of revocation, all stored personal data will be deleted.

􀁸 I have received and taken note of the information sheet on the MRI examination with supplementary data protection information.

**Declaration of consent to coincidental findings:**

I was informed that the MRI examinations carried out within the framework of the scientific study do not meet the criteria of comprehensive diagnostics. Due to the low diagnostic specificity of the examinations performed, pathological findings may remain undiscovered. It was pointed out to me that unexpected pathological observations ("coincidental findings") can rarely be made in the context of scientific MRI examinations. Health insurance coverage is necessary for the medical clarification of such coincidental findings.

**I hereby consent:**

􀁸 that in case of a coincidental finding, my pseudonymous MRI image data will be sent to the neuroradiological department of the Charité (Campus Benjamin Franklin) for diagnosis (in compliance with the provisions of data protection and without further consultation with me) and that I will be informed of a coincidental finding requiring clarification.

I am covered by health insurance:

􀁸 yes 􀁸 no

I will receive a copy of this declaration of consent upon request.

I hereby declare my voluntary participation in this investigation.

Place/Date:…………………….…… Signature (test person):………………..……………………

----------------------------------------- wird vom Personal ausgefüllt ------------------------------------------

Bemerkungen:......................................................................................................................................

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Datum:..................................Unterschrift Projektleiter\*in.....................................................................