**Informed Consent Department XXX,**

**Informed Consent** project PPP

*I declare herewith that I have been informed both verbally and in writing and in a manner that is clear to me concerning the nature, method and purpose of this research. My questions have been answered to my satisfaction. The written information which accompanies this declaration has been handed to me.*

*I agree of my own free will to participate in this research. I reserve the right to withdraw this consent without the need to give any reason. In addition, I agree to the procedure to be followed in the event of accidental discoveries.*

|  |  |
| --- | --- |
| Subject number (to be filled in by the researcher responsible): ………………………………….  First name: .……… Surname: ………………………………………………  Date of birth: ………………………………………………..………………………………………………..  Educational programme:  ………………………………………………………………………………………………………………… Medication: …………………………………………………………………………………………………..  Contact details general practitioner: ……………………………………………………………………... Date/time of experiment: …………………………………………………………………………………..  Protocol for assessing the ethical permissibility of proposed research by the Faculty of EEMCS | 23 |

Hand preference Right Left

Gender Man Woman

Comments: ……………………………………………………….

Signature: ………………………………………………………..

*Undersigned declares that the person named overleaf has been informed both in writing and orally about the research. He/she also declares that a premature withdrawal of the participation by the aforementioned person will not have any further consequences for him/her.*

*Name:*

*Position:*

*Signature: Date:*