General
MEG is short for MagnetoEncephaloGraphy. This literally means “magnetic brain writing”. A MEG system measures the magnetic signals that are induced by brain cells when they are active. Because these signals are very small it is extremely important that disturbing interferences produced by the environment are as small as possible. A MEG measurement is therefore performed in a special shielded room. The MEG system is constructed from a helmet in which sensors are situated which measure the magnetic brain activity. The duration of a MEG measurement depends on the experiment you are participating in. It can range from 30 minutes to about 2 hours. For the subsequent analysis of MEG data it is often useful to have anatomical information about the structures of your brain. In those cases the MEG measurement will be followed by an MRI scan.

Preparation
Metal objects can disturb the MEG measurement. Therefore, you will be asked to leave all metal objects outside of the shielded room. When deciding what to wear, keep in mind that the MEG measurement can be disturbed by metal objects for example zippers, metal buttons, hooks and bra's with metal braces. Jewelry, piercings, hairclips, spectacles etc. with metal parts should also be removed. Because make-up sometimes contains metal particles you are requested not to use make-up before a MEG measurement. Metal correction wires behind the teeth are in principle allowed however should be reported before actual participation.

The experiment
For the experiment it is often important not to move your eyes too much. To verify whether you are able to do this sufficiently, some electrodes will be placed around your eyes using stickers. Afterwards you may enter the shielded room. You will be asked to sit in the chair and put your head inside the helmet. Your eyes, nose, mouth and the lower part of you face will be uncovered. It is very important that you are sitting comfortably and relaxed. For this purpose, we can adjust the backrest and height of the chair. Also pillows are available to make everything more comfortable. Finally, three small electrodes will be placed. Two are attached by the ears, using earplugs. The third is placed on the dimple between your nose and forehead using a sticker. This is done to check for head movements during the experiment. During the measurements the door of the shielded room will be closed, but it will not be locked. The researcher can see you via a video camera and you can communicate via an intercom. Sometimes the experiment will be video and/or -audio recorded for strict scientific purposes. The experimenter will inform you about this in timely fashion prior to the experiment.

Additional information
The risk associated with participation can be considered as of negligible risk and minimal burden. No invasive procedures are involved. You can NOT participate in an MEG-experiment if one of the following applies:
• You have an active implant, such as a pacemaker, insulin pump, neurostimulator or ossicle prosthesis.
• You suffer from epilepsy.
• You suffer from claustrophobia.
• You are pregnant or you think you are.
• You are younger than 18 years of age when participating
In some circumstances the research question is leading (in combination with potential use of MRI) whether you can participate. The experimenter will then decide on your participation. This is the case when:
• Metal in the upper body,e.g.: plates, screws, clamps, prosthesis, metal splinters, piercings or medical plasters, or a correcting dental wire. Dental fillings, crowns, tattoos and a contraceptive coils are allowed.
• If you ever had brain surgery

If one of the above is applicable, please contact the researcher before the day of the experiment.
To be filled out prior to the start of the experiment

Please answer the following questions first

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have an active implant?</td>
<td></td>
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<tr>
<td>(e.g.: pacemaker, neurostimulator, insulin pump, ossicle prosthesis)</td>
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<tr>
<td>Are you suffering from epilepsy?</td>
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<td></td>
<td></td>
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<tr>
<td>Are you younger than 18 years?</td>
<td></td>
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</tr>
</tbody>
</table>

If you answer YES to one of the above questions, you CANNOT participate in the experiment.

Remarks:

Name:

Date of birth:

* This form is applicable for research in healthy, competent adults (>18 year). The subject involved needs to provide his or her written consent personally.
SCREENING FORM MEG
Version 1.4

To be filled out completely by the RESEARCHER after the experiment

Name:  
Project number:

Function:  
Sona systems study name:

Signature:  
Date:

□ Payment ………… euro / ……….. points

□ No payment

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Reported events or findings:

Adverse Event  YES/ NO*

If YES:
• Date and time of occurrence  dd/mm/yyyy  time
• Description:

• Severity mild/ moderate/ serious*
• Relation to procedure: none/ unlikely /possible / likely / definite *
• Action taken :
• Abated/ follow up:

○ Follow Standard Operating procedure Adverse Event!

Incidental Finding  YES/ NO*

If YES:
Date:  dd/mm/yyyy

• Follow Standard Operating Procedure Incidental Finding!

*make a choice
STUDY SPECIFIC INFORMED CONSENT FORM
For participation in:*  
☐ MEG  ☐ EEG  ☐ MRI  ☐ NIRS  ☐ tCS  ☐ Behavioural  
*tick the appropriate box(es)

To be filled out by the PARTICIPANT prior to the start of the experiment:
I confirm that:
- I was satisfactorily informed about the study concerned both verbally and in writing by means of the general information brochure and additional study specific information brochure(s) (CMO2014/288; February 2016, version 1.4).
- I have had the opportunity to put forward questions regarding the study and that these questions have been answered satisfactorily
- I have carefully considered my participation in the experiment.
- I participate of my own free will.
I agree that:
- My data will be acquired and stored for scientific purposes as mentioned in the general information brochure.
- video and/or audio recordings may take place for scientific purposes.
- I will be informed by my home physician or the academic GP about any new information which is of medical relevance to me.
- I can be approached for a future study.
I understand that:
- I have the right to withdraw from the experiment at any time without having to give a reason.
- My privacy is protected according to Dutch law.
- My consent will be sought every time I participate in a new experiment.

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I give my consent to take part in this experiment:
Name:……………………………………….  Date of birth:…………………………………….. (dd/mm/jj)
Signature:................................................  Date and place:………………………………
I agree that my experimental and coded data for strict scientific-publication purposes will be shared with others:  
YES / NO* 
*encircle preference

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To be filled by the RESEARCHER prior to the start of the experiment:
The undersigned declares that the person named above has been informed both in writing and in person about the experiment. He/she guarantees subjects’ privacy protection according to Dutch law.
Name:……………………………………….  Project code:……………………………………..
SONA title of the study:………………………………………………………………………………………………
Signature:................................................  Date (dd/mm/yyyy):……………………………

CMO2014/288; February 2016, version 1.4