General
During information processing in the brain, additional oxygenated blood flows to the brain area’s which are active for a specific task. The oxygenation level of blood in a certain brain area can be measured using (near)infrared light. NIRS makes use of this type of light. Small lamps are mounted to various spots on the head. A small part of the used light is reflected by the brain and can be measured by means of detectors. Whether a brain area is involved in the task at hand, can be deduced based on measured changes over time in the intensity of this reflected light. The NIRS measurement takes place in a separate room. Depending on the research goal, the duration of the NIRS measurement varies from about 30 minutes up to 2 hours.

Preparation at home
To make the NIRS-measurement run more smoothly, you can run through the following steps:
- Wash and dry your hair beforehand;
- Do not use gel, hairspray, etc.;
- Do not use face cream or make-up;
- If needed, bring a comb or hair brush;
- Always bring (reading)glasses. Also if you’re a contact lens user.

Preparation at the DCCN
A cap (sort of bathing cap) will be put on to your head. In this cap a large amount of tiny lights and light detectors will be attached. To obtain good signals it is important that the lights and detectors are close to the skin. If necessary, the experimenter will move some of your hairs a bit to obtain good signal quality.

The experiment
After this preparation you can enter the measurement room. You will get instructed about what you have to do during the experiment. It may be that you have to look at a computer screen, listen to sounds (possibly through headphones), carry out a reaction-time task, make certain movements, or just sit and be relaxed. During the measurement the door of the shielded room is closed, but not locked. The experimenter can see you by use of a videocamera and talk to you by means of an intercom. The measurement itself will not be noticeable for you. 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. When enough data are obtained, the measurement is completed. The experimenter will enter the room again and will remove the cap with the light sources and detectors. If you want you can redo your hair. For hygienic reasons it is practical if you bring your own comb.

Additional information
The risk associated with participation can be considered as negligible risk and minimal burden. No invasive procedures are involved. You can NOT participate in a NIRS-experiment if one of the following applies:
1) You have had head/brain surgery.
2) You suffer from epilepsy.
3) You suffer from claustrophobia.
4) You are pregnant or you think you are.
5) You are younger than 18 years of age.

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

<table>
<thead>
<tr>
<th>Please answer the following questions first</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>- Have you had head/brain surgery?</td>
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<td>- Are you suffering from epilepsy?</td>
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<td>- Are you younger than 18 years?</td>
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</tbody>
</table>

*If you answered “Yes” to one of the above questions, you CANNOT participate in the experiment.*

Subject 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.*

P.T.O
SCREENING FORM NIRS
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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Reporting of 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
STUDYSPECIFIC 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/yy)
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):……………………………..