This folder contains important information if you consider participating in one of the studies at the Donders Centre for Cognition of the Donders Institute. Please read the following information carefully.

The Donders Institute is a university research centre investigating the brain, cognition and behaviour. The Donders Centre for Cognition (DCC) is part of the Donders Institute and has at its disposal various techniques in order to measure behaviour and brain activity. For our research we need healthy adult volunteers (18 years and older) to participate in various experiments, e.g. language, perception, action or memory tasks. All our research and research methods have negligible to minimal risks.

**Information about the experiment and giving consent**
You will receive a study specific information brochure from the researcher sufficiently in advance (i.e. 24 hours) of participation in the experiment. This will allow you time to reflect on your participation. Prior to participation the researcher will fill out a screening form with you in order to check if you are qualified to participate in the study. Additionally, you are asked to sign an informed consent form in which you confirm that you have been informed satisfactorily and are willing and able to participate voluntarily. The researcher will also sign the form, confirming that you have been informed about the experiment satisfactorily. The researcher will also ensure your privacy and that the necessary privacy conditions will be met. You have the right to withdraw from the experiment at any time without giving a reason. An example of the study specific “informed consent” is attached to the applicable study specific information brochure.

**Clinical data**
Researchers at the DCC do not examine the data from a clinical perspective. Participation in any of the experiments can therefore not be considered as a clinical or screening test.
In exceptional circumstances the data collected may give indications concerning your health conditions. Prior to participation in this kind of experiments you are required to provide name and address of your general practitioner. In case of a suspected abnormality which is of clinical relevance you will be informed by a designated specialist of the DCC. You cannot participate in any research at the DCC if you do not want to be informed.

**Ethics check**
Each study has been reviewed and approved by an independent ethics committee (the ‘Facultaire Ethische Commissie Gedragswetenschappelijk Onderzoek’, http://www.ru.nl/socialewetenschappen/onderzoek/ethische-commissie/). For participation in research at the DCC a number of conditions need to be met. These conditions will be checked prior to your participation by means of a study specific
screening form. You will find an example attached to the study specific information brochure.

**Privacy**
If you register to participate in one of the studies at the DCC you'll have fill out a general questionnaire. General and demographic, as well as questions concerning your clinical history will have to be answered. This information is initially required in order to determine if you meet the inclusion criteria for participating in any of the research methods, such as EEG, or to decide whether you are a suitable candidate for a particular experiment. In some cases you may be excluded from an experiment based on specific exclusion-criteria. The list of questions contains only information that is required for our experiments. It is guaranteed that all information will be handled carefully. Personal data won't be shared with anyone other than staff of the designated research-team.

Experimental data collected during the study are treated confidentially. The researcher stores all data under a subject code. In the records of the research only this code will be used. Only the researcher knows the combination between you and the code. Your responses may be registered with a video camera. The researcher will inform you about this if this is the case. In all cases your privacy will be protected according to Dutch law (Wet Bescherming Persoonsgegevens; WBP).

**Right to inspection**
Few other people have the right to inspect your experimental data in order to check for proper conduct. For instance: the research team concerned, an audit team, the ethics committee or the Inspection of the Ministry of Health.

**Sharing your experimental data**
Your coded experimental data may be shared with other researchers for strictly scientific purposes.

**Preparation of the experiment**
Generally, no extra preparation is required before participation. It is important that you are fit, alert and that you did not drink alcohol or used drugs the night before. Before the start of the actual experiment the researcher will explain the aims of the research and the applied measurement techniques to you. You will receive instructions about what you are asked to do during the experiment, such as watching a monitor, listen to sounds (possibly over a headset), perform a reaction task, make different movements or just lie still and relax. Once everything has been fully explained you will be asked to sign the consent form. Subsequent procedures depend on the research method that is being used. You can read more about this in the information brochures on EEG, fNIRS or moving chair.

**Payment**
Participation in experiments is reimbursed. The DCC gives this reimbursement by means of participant hours or ‘iris checks’. In this latter case we need your address and BSN for administrative reasons.

**Additional information and contact**
If you are unable to make it to the appointment (on time), please inform the responsible researcher as soon as possible. You may also contact this researcher for additional information or if you would like to withdraw from participation. In case of complaints about an experiment, contact the responsible experimenter. Alternatively, contact the lab coordinator of the Donders Centre for Cognition (dcc.labs.info@gmail.com; tel 0243612560).
STUDY-SPECIFIC INFORMED CONSENT FORM

For participation in:*

☐ Behavioural ☐ EEG ☐ Sled ☐ Robot

*tick the applicable 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 both verbally and in writing, by means of the general information brochure and additional study specific information brochure(s) (versions 1.8, August 2015) as well as about the study itself by the researcher concerned.
- 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.
- My experimental and coded data collected in this experiment will be shared with others for strictly scientific reasons.
- I will be informed by a designated expert about any information which is of clinical 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.

I give my consent to take part in this experiment:

Name:……………………………………… Date of birth:…………………………… (dd/mm/yy)

Signature:............................................................ Date and place:………………………………………………

To be filled out 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:………………………………………….. PI group:…………………………………………………………

Name experiment:……………………………………………………………………………………………………

Signature:…………………………………………….. Date and place:………………………………………………
SCREENING FORM BEHAVIOURAL *
Version 1.8

To be filled out by the PARTICIPANT 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 suffer from a neurological or psychiatric disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Do you take psychoactive medication/substances such as antidepressants, antiepileptics, antipsychotics or hard drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are you pregnant or do you think you are?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Do you suffer from claustrophobia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are you younger than 18 years?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If you answered “Yes” to one of the above questions, you may not be able to participate in the experiment.

Name:

Date of birth:

Signature: Date:
**SCREENING FORM BEHAVIOURAL**

Version 1.8

To be filled out completely by the RESEARCHER after the experiment

<table>
<thead>
<tr>
<th>Name :</th>
<th>PI group :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiment name:</td>
<td></td>
</tr>
</tbody>
</table>

### Adverse event

**YES/NO***

If YES:

- **dd/mm/yyyy**
- **time**

- **Date and time of occurrence:**

- **Description:**

- **Severity:** mild/moderate/serious*

- **Relation to measurement procedure:** none/unlikely/possible/likely/definite*

- **Action taken:**

- **Abated/follow up:**

  - Follow Standard Operating Procedure Adverse Event

### Incidental Finding

**YES/NO***

If YES:

- **dd/mm/yyyy**

- **Date:**

  - Follow Standard Operating Procedure Incidental Finding

*make a choice