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 disturb the MEG measurement and are not allowed, unless the researcher indicates that dental wires are allowed for his/her specific study.

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 your 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 16 years of age when participating
• If you have a dental correction wire unless the study-specific information brochure indicates that it’s allowed.
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. 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 prior to the experiment.
**SCREENING FORM MEG**  
Version 2.2

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>
</thead>
<tbody>
<tr>
<td>Do you have an active implant?</td>
<td></td>
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<tr>
<td><em>(e.g.: pacemaker, neurostimulator, insulin pump, ossicle prosthesis)</em></td>
<td></td>
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<tr>
<td>Are you suffering from epilepsy?</td>
<td></td>
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<tr>
<td>Do you suffer from claustrophobia?</td>
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<tr>
<td>Are you pregnant or do you think you are?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you younger than 16 years?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Do you have a metal wire behind your teeth? |     |

**If YES, you cannot participate, UNLESS the researcher – in exceptional studies – indicates that a dental wire is allowed.**

**Remarks:**

**Name:**

**Date of birth:**

* This form is applicable for research in healthy, competent adolescents/ adults (≥16 year). The subject involved needs to provide his or her written consent personally.  

P.T.O

CMO2014/288, May 2018, version 2.2
SCREENING FORM MEG
Version 2.2

To be filled out completely by the RESEARCHER after the experiment

Name:       Project number:

Function:    Sona systems study name:

Signature:                                           Date:

□ Payment          ............ euro

□ No payment

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Reported events or findings:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>YES/ NO*</th>
</tr>
</thead>
<tbody>
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</table>

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!

If YES: dd/mm/yyyy

Incidental Finding

<table>
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<th>YES/ NO*</th>
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If YES: dd/mm/yyyy

- Date:
- 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)

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; May 2018, version(s) 2.2).
- 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/ body material will be collected and used for the purpose mentioned in the information brochure.
- I will be informed by my home physician or the academic GP of General Practitioner Center Heijendaal about any new information which is of medical relevance to me.
- For study purposes audio and/or video recordings may be made
- Beyond the scope of this study: my anonymized experimental data will be shared with other researchers or research groups

I understand that:
- I have the right to withdraw from the experiment at any time without having to give a reason.
- I have the right to request disposal of my experimental data up to 1 month after participation
- My data will be protected according to applicable European privacy law.
- My consent will be sought every time I participate in a new experiment.
- For compliance check of the research few persons may have access to my (personal) data. These persons are mentioned in the information brochure. I consent for this.

I give my consent to take part in this experiment:
Name:………………………………………. Date of birth:……………………………………. (dd-mm-yyyy)
Signature:................................................ Date and place:…………………………………….

I agree that for scientific purposes collected potential identifiable photo/video/audio recordings beyond the scope of this study will be shared with other researchers or research groups.

YES? NO/ not applicable*

I may be approached for a future neuroscientific study.

YES/ NO* (*encircle choice)

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.

Name:………………………………………. Project code:…………………………………….
SONA title of the study:………………………………………………………………………………….
Signature:................................................ Date (dd-mm-yyyy):……………………………..