

### General

MRI stands for 'Magnetic Resonance Imaging'. This method allows us to take images of the inside of the human body. By using a strong magnetic field and radio waves radio signals are generated in the body. These signals are picked up by an antenna and with the help of a computer pictures of cross-sections of the human body can be produced. At the Donders Institute mainly a variation of this technique called fMRI (f = functional) is used. With fMRI it is possible to see both the structure and the activity of the brain. An fMRI experiment usually lasts one to two hours.



### Preparation

Metal objects are attracted to the magnet and/or disturb the measurement. Also there is a slight chance metal can warm-up. Therefore, please take into account the following:

- The clothing on your upper body may not contain any metal (e.g. zips, buttons, hooks, braces). This also applies to bras containing a metal brace wire.
- Jewellery, piercings, hairpins, glasses, etc with metal parts must be removed. Please do not use mascara as this sometimes contains metal fragments.
- Coins, keys, cigarette lighters, cell phones, penknives, cufflinks etc must be removed and can be stored in a locker. The same goes for bank cards, credit cards and chipcards. Otherwise the strong magnetic field will erase the information stored on the magnetic strip.

### The experiment

After the researcher has informed you about the experiment you will enter the shielded magnet room and lie down on the movable table. Please relax and lie as comfortably as possible. During the experiment the scanner will make a lot of knocking sounds and noises of varying volumes. Ear protection is a must. Hence you will be given headphones or earplugs to reduce the noise. A frame (= the antenna) is placed over your head. It is important to lie as still as possible during the scanning. Hence your head is fixated with small cushions. Before the researcher moves you inside the scanner you will be given a rubber ball to hold in your hand. If you squeeze the ball during the experiment this will sound an alarm which tells the researcher to stop the experiment. During the scan the door to the MRI room is shut, but not locked.

An experiment consists of several scans. The shortest lasts for 10 seconds and the longest about forty minutes. In total a scan session lasts one to two hours. Via the intercom the researcher keep you informed about the progress of the experiment. 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 negligible. No invasive procedures are involved.

You can **NOT** participate in a MRI-experiment if one of the following applies:

- Metal parts, that cannot be removed, are present in or on your upper body, e.g. plates, screws, aneurysm clips, metal splinters, piercings or medical plasters.
- Dental fillings, crowns, a metal wire behind the teeth, tattoos and contraceptive coils are allowed. The researcher will additionally inform you.
- Clothing on the upper body containing any metal e.g. zips, buttons, hooks, braces, metal yarn (LUREX). This also applies to bras containing a metal brace wire.
- You have an active implant, a pacemaker, insulin pump, neurostimulator and/or ossicle prosthesis.

If one of the below issues is applicable, please contact the researcher prior to the experiment

- You have a history of brain surgery.
- You suffer from epilepsy.
- You suffer from claustrophobia.
- You are pregnant or you think you are.
- You are younger than 16 years of age.

**SCREENING FORM MRI**

Version 2.2

**To be filled out prior to the start of the experiment**

<b>Please answer the following questions first</b>	<b>Yes</b>	<b>No</b>
- Do you have any metal objects in your <u>upper</u> body? <i>Exception: dental fillings or crowns.</i>		
- Do you have metal fragments in your body, in particular in the eye, e.g., caused by injuries when working with metal?		
- Do you wear jewelry / piercings that you cannot take off?		
- Have you had brain surgery?		
- Do you have an active implant? <i>(e.g. pacemaker, neurostimulator, insulin pump, ossicle prosthesis)</i>		
- Are you using a medical plaster that cannot or may not be taken off? <i>(e.g. nicotineplaster)</i>		
- Do you suffer from epilepsy?		
- Do you suffer from claustrophobia?		
- Are you pregnant or think you are?		
- Are you younger than 16 years?		

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

Do you have a metal wire behind your teeth and /or a tattoo?		
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***If answered YES: The researcher needs to inform you about the risks.***

Name:	Weight: ..... kg.
Date of birth: <small>(dd/mm/yyyy)</small>	Length: .....cm.

<b>Name home physician:</b>	
<b>Address :</b>	
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<b>Note:</b> Only in case of <u>no</u> (Dutch) home physician please check the information of the Academic General Practitioner Heydendaal : <a href="http://www.ugc-hevendael.nl">www.ugc-hevendael.nl</a> (see also available information brochure) :	
I agree to be informed by the Academic GP in case of a clinically relevant finding	<b>YES*</b>
	*encircle

*\* 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. The questions above only apply for performing an (f)MRI in the head/neck area. **P.T.O***

**SCREENING FORM MRI**

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To be filled out completely by the RESEARCHER after the experiment

Name:	Project number:
Function:	Sona systems study name:
Signature:	Date:
<input type="checkbox"/> Payment ..... euro	
<input type="checkbox"/> No payment	
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<b>Reporting of events or findings:</b>	
<u>Adverse Event</u>	<b>YES/ NO*</b>
<b>If YES:</b>	
• Date and time of occurrence	<u>dd/mm/yyyy</u> <u>time</u> .....      .....
• Description:	
• Severity	mild/ moderate/ serious*
• Relation to procedure:	none/ unlikely /possible / likely / definite *
• Action taken:	
• Abated/ follow up:	
<input type="radio"/> Follow Standard Operating procedure Adverse Event!	
<u>Incidental Finding</u>	<b>YES/ NO*</b>
<b>If YES:</b>	
Date:	<u>dd/mm/yyyy</u> .....
<input type="radio"/> Follow Standard Operating Procedure Incidental Finding!	
<i>*make a choice</i>	



**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.

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**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)

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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.

Name:..... Project code:.....

SONA title of the study:.....

Signature:..... Date (dd-mm-yyyy):.....