



CONSENT FORM

Dunedin Study Brain Imaging Project

Please read this form and bring it with you. Please do not sign this form until you have had a chance to discuss it with a staff member.

I have read and understood the Explanation of Procedures describing the Dunedin Brain Imaging Study. I have had an opportunity to discuss the study and to ask questions which have been answered to my satisfaction.

I understand that participation in the Dunedin Brain Imaging Study is voluntary and that I can withdraw my consent at any time.

I understand that my participation in this Study is confidential and that no material which could identify me will be used in any reports.

I agree to take part in the Brain Imaging Study which will involve:

- Screening interview to assess suitability for scanning
- Images taken of my brain using MRI (Magnetic Resonance Imaging) as outlined in the Explanation of Procedures
- Questions about mood and anxiety before and after the scans
- Retinal images as explained in the Explanation of Procedures

I understand that all the information obtained by the researchers at the Dunedin Multidisciplinary Health and Development Research Unit will be treated as **STRICTLY CONFIDENTIAL** to members of the research team.

Name (Please print):

Signed: **Date:**.....

Professor Richie Poulton
Director

Professor Temi Moffitt
Associate Director

STUDY PARTICIPANT'S RIGHTS

If you would like advice as to your rights as a participant in this Study, you may wish to contact a Health and Disability Services Consumer Advocate:

Free Phone: 0800 555 050
Free Fax: 0800 2787 7678
Email: advocacy@hdc.org.nz