

## CONSENT FORM

### Dunedin Study Brain Imaging Project – Phase 52

***Please read this form but 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 MRI scans for the Brain Imaging Project, and the retinal scans, as part of the Dunedin Multidisciplinary Health and Development Study. I have had an opportunity to discuss this project and to ask questions which have been answered to my satisfaction.

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

I understand that my participation in this Study is STRICTLY CONFIDENTIAL and that no material, which could identify me will be used in any reports from the Study.

I agree to take part in the Brain Imaging Project, which as outlined in the Explanation of Procedures, will involve:

- Screening interview to assess suitability
- Images of my brain using Magnetic Resonance Imaging (MRI)
- Retinal images
- Wristband assessment

I understand that my MRI scans will be compared to my Phase 45 scans to check for any changes. ***If changes are seen, my personal medical records may be accessed by Dr. Nick Cutfield, the neurologist on our team, to help decide whether the changes could be related to a health condition.***

I also understand that these scans are for research only and are not a substitute for seeing my doctor if I have concerns about my health.

I understand that a copy of my MRI scans from Phase 52 will be securely held in digital form at Pacific Radiology until the end of the following phase of the Brain Imaging Project, after which they will be deleted.



Name (Please print): .....

Signed: .....

Date: .....

Associate Professor Moana Theodore  
DIRECTOR

Professor Terrie 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 the University of Otago Human Ethics Committee (Health) Administrator:

**Phone:** +64 3 479 8256  
**Email:** [gary.witte@otago.ac.nz](mailto:gary.witte@otago.ac.nz)

