

CONSENT FORM

Evaluation of in-home monitoring using the BrainWaveBank platform for people with Mild Cognitive Impairment

Name:

Address:

Date of birth: Gender:

Email:

Telephone:

Participant ID (research use only):

Initial

1. I agree to participate in this research.

2. This agreement is of my own free will.

3. I have been given information regarding the aims of the research
and have been given the name of the researcher and contact details
if I require further information.

4. I have read and understand the participant information sheet regarding the
current study.

5. I understand that I am being asked to participate in a study to trial and evaluate a new system for monitoring cognitive health in my own home.

6. I do not have any of the conditions that are listed on the information sheet as exclusion criteria.

7. I understand that this is not a diagnostic test, that the researcher I will be working with is not a clinician and it is unlikely that any abnormal brainwave patterns or underlying conditions will be picked up by this study.

8. In the event of any areas of concern about my health, I agree that the Principal Investigator (a Consultant Geriatrician at the Belfast Trust) will be consulted and if they deem it appropriate, that my GP be informed to follow up.

9. I have had the opportunity to ask any questions about the study.

10. I realise that I may withdraw from the study at any time, without having to give a reason and without suffering any adverse consequences.

11. I am aware that even after participating, I can decide to withdraw my data any time, and it will be deleted from BrainWaveBank systems (though not removed from results that it has already been aggregated into).

12. I understand that all personal information provided by myself will remain confidential and no information that identifies me will be made public.

13. I understand as part of this trial that I will be asked to wear a fitness tracker (provided by Nokia). I understand that in order to use this Nokia product, Nokia will receive access to some personal data.
I consent to using this fitness tracker as part of the trial.

14. I consent for BrainWaveBank to have access to the data collected by the Nokia fitness tracker.

15. I consent for my clinician to share with BrainWaveBank relevant information about my MCI diagnosis.
[only applicable to participants with a diagnosis of MCI]

16. I consent to my anonymised data being shared with third parties (e.g. other academic/research institutions or medical companies) inside and outside the EU who work on similar research.

17. I consent to my anonymised quotes being used in any subsequent publications or presentations.

18. I would be interested in being contacted about future studies of a similar nature. I understand that I am not obliged to take part.

Signed: Date:

(by participant)

Print name:

Signed: Date:

(on behalf of researchers)

Print Name:

If you have any questions about the research, please contact the research team below to discuss your participation:

BrainWaveBank Trial Researcher

Dr Esther McWilliams
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BrainWaveBank Trial Manager

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Please complete the information overleaf.

GP Details	
Name:	
Address:	
Tel:	

Personal Details			
Age			
Highest level of education (no. of years)	<i>e.g. primary and secondary education, 12 years</i>		
Dominant Hand	Right <input type="text"/>	Left <input type="text"/>	Mixed <input type="text"/>
Eyesight	Normal <input type="text"/>	Glasses <input type="text"/>	Contacts <input type="text"/>
If diagnosed with MCI, date of diagnosis (month/year)			

Current Medications	1.
	2.
	3.
	4.
	5.