



Study title: Evaluation of the BrainWaveBank platform for detecting risk of psychotic illness

CONSENT FORM

At-home use of the BrainWaveBank platform by healthy adult users

Name:

Address:

Date of birth: Sex:

Email:

Telephone:

Participant ID (research use only):

HSC number (not mandatory for participation)

GP name:

GP address:

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GP Telephone:

I would like to be notified by email if/when this study is published in a scientific journal (please tick): Yes / No



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

Initial

1. I agree to participate in this research of my own free will.

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

3. 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.

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

5. 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.

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

7. I consent to my GP being contacted by the Clinical Research Lead if the research team observe any unexpected medical or health-related issues within the research data while I am enrolled on this study. I understand that I will be informed about this contact in advance.



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

9. 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).

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

11. 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.

12. I consent to being audio-recorded as part of this study and I understand that my recordings will only be listened to by members of the research team as part of the transcription process.

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

14. I would be interested in being contacted about future studies of a similar nature (tick if yes).

15. I understand that I am not obliged to take part in this study or any potential future studies.

16. I understand if I choose to share my HSC number, it will only be used to verify the inclusion/exclusion criteria and record my participation on NHS/HSC computer systems once the study is closed to recruitment and that BrainWaveBank Ltd. will not have access to my medical records. Verification of inclusion/exclusion criteria will be overseen by the Clinical Research Lead and the outcome of the verification will be shared with BWB at the end of the study.



17. I understand that as part of this study I will be asked to wear a fitness tracker (provided by Withings). I understand that in order to use this Withings product, Withings will receive access to some of my personal data. I consent to using this fitness tracker as part of the study and for BrainWaveBank to have access to the data. (not essential for participation)

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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:

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