

Informed Consent Form

Please join a research project.

What is this project studying?

The study is called "Brain correlates of spatial reasoning in young adults." The study will help us learn how the brain solves spatial reasoning problems. The study is about magnetic resonance imaging. This is a way of studying the brain that takes pictures of the brain using radio waves (not x-rays). The United States Food and Drug Administration (FDA) has set guidelines for magnet strength and exposure to radio waves, and we carefully observe those guidelines. Wide range of human and animal imaging studies are carried out in the lab.

What would I do if I participate?

- First, you will answer some questions about things that have to do with your safety and about your handedness. The Safety Screening Sheet questions will take about five minutes.
- Before the scan, you can look at the scanner and lie down on something like the scanner.
- Then you will go into a room called a neuroimaging chamber and lie down on a small table that slides into the center of the MRI equipment. You will have a head coil (like a bird cage) put over your head and a mirror will be adjusted so you can see the display screen.
- The noise of the scanner sometimes bothers people. You will have earplugs and headphones to help reduce the noise.
- We will do several scans to learn about brain structure and function. During one of the scans, you will be asked to look at sets of visual stimuli projected onto the screen and to press one of four buttons to answer questions about what you see. This will take about 30 minutes.

How long will participating take?

We are asking for an hour of your time.

Can I quit if I become uncomfortable?

- Because of the enclosed space, some people become uncomfortable or anxious. If this happens to you, you can ask to stop the study at any time, and we will take you out of the MRI scanner.
- Although it doesn't happen very often, some people may feel dizzy, develop an upset stomach, and/or have tingling sensations or muscle twitches. These sensations usually go away quickly but please tell the research staff if you have any of these feelings in the scanner.

How are you protecting my privacy?

Your name will be taken off all of your research materials and a code number will be used instead. Only Dr. Researcher and his research colleagues and assistants will have any way to match your code number with your name.

Are there any risks to me?

- You will be continuously monitored throughout the scan.
- If you have a pacemaker or some metal objects in your body, you will not be allowed to be in this study because of the strong magnet fields in the MRI scanner. Another risk is the possibility of metal objects being pulled into the magnet and potentially hitting you. To eliminate this risk you will need to remove anything metal from your clothes, any metal piercings, and anything metal from your pockets. You will also walk through a metal detector (like airport scanners) when you come into the magnet chamber. It is important to know that no metal can be brought into the magnet room at any time. Once you are in the scanner, the door to the room will be closed so that no metal from outside accidentally goes near the magnet.

How will I benefit from participating?

- You might find the research interesting. You might feel good about helping with research. To thank you for your help, you will receive \$20.
- This is not a diagnostic test. This is not a clinical or medical study of your brain.

I have some questions about the study. Who can I ask?

- John Q. Researcher, Ph.D., in the Department of Phrenology at Texas Tech University, is in charge of the study. If you have questions, you can call him at (806) 742-9999 #999.
- TTU also has a Board that protects the rights of people who participate in research. You can ask them questions at (806) 742-2064. You can also mail them at Institutional Review Board for the Protection of Human Subjects, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409 or email at hrpp@ttu.edu.

Signature of Subject _____ Date _____

This consent form is not valid after xx/xx/xxxx.