



**CONSENT FORM FOR RESEARCH STUDIES**

Please complete this form after you have read the Information Sheet.

**Title of Study:** The effects of SSRIs of threat of shock potentiated neural circuitry

**Name and Contact Details of the Principal Researcher:** Oliver Robinson ([o.robinson@ucl.ac.uk](mailto:o.robinson@ucl.ac.uk))

**Name and Contact Details of the UCL Data Protection Officer:** Lee Shailer ([l.shailer@ucl.ac.uk](mailto:l.shailer@ucl.ac.uk))

**This study has been approved by the UCL Research Ethics Committee: 6198/002**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

**I confirm that I understand that by ticking each box below I am consenting to this part of the study. I understand that it will be assumed that unticked boxes mean that I DO NOT consent to that part. I understand that by not giving consent for any one element I may be deemed ineligible for the study.**

		Tick
1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have had the opportunity to ask questions which have been answered to my satisfaction.	
2.	I consent to participate in the study. I understand that my personal information (for example name, address, telephone number, email address, date of birth) will be used for the purposes explained to me. I understand that according to data protection legislation, 'public task' will be the lawful basis for processing.	
3.	I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified (except as required by law). I understand that my data will be stored either anonymously or pseudonymously, and securely, and that it will not be possible to identify me in any publications.	
4.	I understand that my personal information may be subject to review by responsible individuals from the University for monitoring and audit purposes.	
5.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
6.	I understand the direct/indirect benefits of participating.	
7.	I understand that if I choose to withdraw, I will only be compensated for the portion of time spent in the study.	
8.	I agree that my data (either anonymised or pseudonymised) may be used by others for future research (no-one will be able to identify you when this data is shared).	
9.	I confirm that: a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and b) I do not fall under the exclusion criteria.	
10.	I agree that my GP may be contacted if any unexpected results are found in relation to my health.	

**If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers to participate in other studies, please indicate this below.**

<input type="checkbox"/>	Yes, I would be happy to be contacted for this purpose	<input type="checkbox"/>
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\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature