



Contact: Professor Jonathan Roiser - 020 7679 1170

Patient - Version 2.0.3 - 30th November 2015

CONSENT FORM

Title of Project: Reward and punishment in depression

Name of lead researcher: Professor Stephen Pilling

Please initial box

1. I confirm that I have read and understand the information sheet dated 30/11/2015 (Version 2.0.3) for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that sections of any of my medical notes may be looked at by members of the research team where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.
4. I agree to my GP being informed of my participation in the study.
5. (Optional) I agree to the storage of my contact details after the end of the study so that I may be contacted regarding future studies I may be interested in participating in.
6. I agree to take part in the above study.

Name of participant

Date

Signature

Name of person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

1 for participant; 1 for researcher