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|  |  | **Brain and Mind CentreSydney Medical School** |
|  |  ABN 15 211 513 464 |  |
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**PARTICIPANT CONSENT FORM**

I, ...........................................................................................[PRINT NAME], give consent to my participation in the research project

TITLE: Identifying the cellular pathophysiology of chronic trigeminal neuropathic pain

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that being in this study is completely voluntary – I know I am not required to consent.
4. I understand that my involvement is strictly confidential. I understand that any data gathered from the results of the study may be published however none of my personal information will be used in any way that is identifiable.
5. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney now or in the future.
6. I understand that I can stop the PET/MRI session at any time if I do not wish to continue, the recording will be stopped, and the information will not be included in the study.
7. I understand that my de-identified data may be shared with independent monitor(s) of this study to ensure safety and adherence to the procedures disclosed in the attached Participant Information Statement, and that in doing so my confidentiality in participating in this study will not be violated.

I consent to:

* Psychological Questionnaires YES □ NO □
* MRI-recording YES □ NO □
* PET-recording with Injection

of radiotracer(s) YES □ NO □

* Blood sample YES □ NO □
* EEG recording YES □ NO □
* Being notified of potential

 incidental findings YES □ NO □

At the completion of data collection and analysis for this study, do you wish to be e-mailed a lay summary of the findings? YES □ NO □

If yes, please provide your e-mail address: .............................................................

 ..................................................

Signature

 ....................................................

Please PRINT name

..................................................................................

Date