CONSENT TO PARTICIPATE IN NEUROIMAGING RESEARCH:
Correlates of Human Cognition and Memory

Please consider this information carefully before deciding whether to participate in this research.

Purpose of the research:
The purpose of this study is to explore how specific regions in the brain are involved in cognition. The study will use Magnetic Resonance Imaging (MRI) to create images of your brain.

What you will do in this research:
Your participation in this study consists of lying on a table and having your body slid into a large horizontal tube. You will be asked to lie as still as possible during this time. Foam cushions will be used to help keep your head still. To reduce the noise of the scanner, you will be fitted with earplugs or headphones.

During the first part of the scan, pictures will be taken of the shape of your brain. Next, additional images will be obtained using the high-speed function of the scanner. You will be asked to either view words, photos, or animated scenes that look like video games, and to make decisions about these items. For certain periods you will be asked to simply rest. You will make your decisions by pressing a key. The whole scanning session will last up to 2 hours, with an extra 30 minutes before and after the scan for preparation and debriefing. At the end of the experiment, you will be given a detailed explanation of the purpose of the study.

The results from your study may be pooled with those of other similar studies and shared among researchers or used for teaching purposes. For example, a researcher at another institution may wish to reexamine the results of this study. When results are shared, they are identified only by a code number. At no time will any identifying information such as your name be shared. Please choose not to participate in this study if you are uncomfortable with your coded data being shared.

In some cases, we may be interested in re-contacting you for additional information or to participate in a follow-up experiment. If we do, your participation is completely optional and you would be compensated appropriately for your time. If you would prefer that we refrain from re-contacting you, please initial below to indicate this.

Initial if you would prefer NOT to be re-contacted following this study: _________

Time required:
This study will last approximately 2-3 hours.

Risks:
MRI uses large magnet fields. There are no known or foreseeable risks or side effects associated with scanning procedures except for those people who have electrically, magnetically or mechanically activated implants, or metal in or on their bodies. The 3 tesla MRI system is approved and operated by guidelines set forth by the U.S Food and Drug Administration.

Although the vast majority of data suggests that it is perfectly safe for embryos or fetuses to be scanned, there is still much that remains unknown. For this reason, we believe that it is safer to err on the side of caution and not allow anyone who suspects they might be pregnant to
participate in MRI scanning. If you are pregnant or feel that there is any chance that you may be pregnant, you should not participate in this study at this time. You do not need to tell us why you have chosen not to participate.

Because of the effects of medication and mental illness on the brain, you will be asked a series of questions about whether you are presently taking or have ever taken medication for depression, anxiety, and other forms of mental condition (e.g., schizophrenia). You will be asked about your history of neurological and psychiatric illness. If you have previously taken such medications or are currently taking any you should not participate in this study. If you feel uncomfortable in discussing such information, you should not participate. You do not need to tell us why you have chosen not to participate.

A MRI scan is not uncomfortable but if you are prone to claustrophobia (fear of enclosed spaces) you should notify the researcher in charge of the scan. You can expect to hear a loud knocking sound during the imaging. Earplugs will be provided to help dim the sound. It is important that you remain as still as possible during the study. The foam pillows are reasonably comfortable, and are designed to keep your head still and in a relaxed position. If any of the procedures are uncomfortable, you should notify the researcher in charge of the scan. You will be given a signal button to indicate at any time that you wish to stop.

This project is for research purposes only and is not directed toward, nor designed for, clinical diagnosis, and the scans performed in this study are not optimized to find abnormalities. You should not expect that your images will be looked at individually or viewed in a way that could detect an abnormality. We will not be able to provide you the images of your brain, nor will we be able to provide your doctor with the images. If you are participating in this study to obtain a clinical diagnosis or images that could be used for clinical diagnosis, you should not participate.

On occasion, a member of the research team may notice a finding on a scan that seems abnormal. If this occurs the principal investigator or a designate may tell you about the observation. The principal investigator may consult a physician affiliated with Harvard for advice. Being told about a finding may cause anxiety as well as suggest the need for additional tests and financial costs. The decision as to whether to proceed with further examination or treatment would remain entirely yours.

Benefits:
The end of the study, we will provide a thorough explanation of the study and of our hypotheses. We will describe the potential implications of the results of the study both if our hypotheses are supported and if they are disconfirmed. If you wish, you can send an email message to Professor. Randy L. Buckner (randy_buckner@harvard.edu) and we will send you a copy of any manuscripts based on the research (or summaries of our results).

Compensation:
You will be paid $25 per hour for your participation in this study plus $5.00 for transportation, or free parking if you drive. These payments will be made by check through the mail.

Confidentiality:
Your participation in this study will remain confidential, and your identity will not be stored with your data. Your responses will be assigned a code number, and the list connecting your name with this number will be kept in a locked room. When data are shared, your name will never be shared.
Participation and withdrawal:
Your participation in this study is completely voluntary, and you may withdraw at any time without penalty. You will receive payment for the MRI session even if you withdraw early. You may withdraw by informing the experimenter that you no longer wish to participate (no questions will be asked).

Contact:
If you have questions about this research, please contact Dr. Randy L. Buckner (Professor; 33 Kirkland, Cambridge, MA 02138; 617-495-3906; randy_buckner@harvard.edu).

Whom to contact about your rights in this research, for questions, concerns, suggestions, or complaints that are not being addressed by the researcher, or research-related harm:
Jane Calhoun, Harvard University Committee on the Use of Human Subjects in Research, 50 Church St., 5th floor, Cambridge, MA 02138. Phone: 617-495-5459. E-mail: jcalhoun@fas.harvard.edu
If you are injured during the course of the study and as a direct result of this study, you should contact the investigator at the number provided. Although compensation is not available, Harvard will assist you in obtaining medical treatment, including first aid, emergency treatment, and follow-up care as needed. Your insurance carrier should be billed for the cost of such treatment. If your insurance carrier denies coverage, Harvard is under no obligation to pay for the treatment but may do so in its sole discretion. By providing financial or other assistance, neither Harvard nor the researchers are stating that they are legally responsible for the injury.

Further information regarding compensation for injured research subjects may be obtained from Jane Calhoun, Research Officer for the Committee at the above number.

Agreement:
The nature and purpose of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty.

Signature: ___________________________ Date: ________________

Name (print): ___________________________

1/9/09