



Department  
Of  
Neuroscience.

ICF\_MS Version 3 November 2013

### CONSENT FORM 2

**Title of project: Improving detection and prevention of cognitive decline in Multiple Sclerosis**

Names of Researchers: *Prof A. Venneri, Dr. K. Harkness, Dr M. Randall, Dr D. Blackburn, Professor Sharrack, Dr. O Bandmann, Dr. M. Mitolo, Mr. M. De Marco, Ms. S. Wakefield, Mr. B. Malik, Ms C Carta, Mr R. Manca*

Please initial box

1. I confirm that I have read and understood the information sheet (PIS\_MS Version 2.0, December 2013) which describes the reasons I have been asked to participate in a cognitive training programme, give a saliva sample and undergo an fMRI scan 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 reason, without my medical care or legal rights being affected.

3. I agree to undergo the fMRI scan and understand that it is for the purpose of scientific study.

4. I agree to take part in a cognitive training programme

5. I agree that my GP can be informed that I will undergo an MRI scan and that the results of the MRI scan can be shared with my GP if necessary

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature