

STANFORD UNIVERSITY – Research Consent Form #13852

Protocol Title: DEVELOPMENT OF MAGNETIC RESONANCE IMAGING TECHNIQUES AT 3.0T – ADULT AND PEDIATRIC SUBJECTS

PROTOCOL: 22421

Director: Gary H. Glover, Ph.D.

Meeting Date: August 27, 2013

Print Name: _____

**ASSENT FOR MINOR PARTICIPATION IN A RESEARCH PROJECT
(Ages 10 – 17)**

Development of MRI Techniques – Adult and Pediatric 3T Date: _____

Principal Investigator: Gary H. Glover, Ph.D.: Principal Investigator

You have been asked to participate in our research project “**Development of MRI Techniques – Adult and Pediatric 3T**”. Your parents have given their written consent that you may participate. If you have any questions, please feel free to ask Dr. Glover or his associates.

You will be asked to lie down in an MRI scanner while pictures are taken of your brain. You may be asked to do the following:

1. Watching words or pictures on a TV-like screen in the scanner, or listening to words or other sounds through earphones (for example, seeing pictures of geometric patterns, hearing words or tones);
2. Watching or listening to words, pictures or sounds and making a response (for example, pressing a button or saying a word or phrase) about the type of pictures or sounds you saw or heard;
3. Moving a part of your body (for example, tapping your fingers);
4. Performing mental activities (for example, adding two numbers, imagining faces).

You will hear tapping noises as the scan is being done. You will be required to wear earplugs or earphones to reduce the noise.

If anything hurts or you want to stop at any time, please let us know and it will be fine to stop.

Subject's Statement:

Your signature means that you understand this form and are willing to participate in this study.

Signed: _____ Today's date: _____