

*Perron Institute for Neurological and Translational Science*

**Participant Consent Form**

**Interventional Study** -*Adult providing own consent*

*North Metropolitan Area Mental Health Services*

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| **Title** | *Translation of preclinical findings: the effect of low intensity repetitive Transcranial Magnetic Stimulation (rTMS) on depression score and biomarkers in patients with major depression.* |
| **Short Title** | *New parameters for brain stimulation in the treatment of depression.* |
| **Protocol Number** | *V125102018* |
| **Project Sponsor** | *Perron Institute* |
| **Coordinating Principal Investigator/ Principal Investigator** | *CPI: Assoc Prof Jennifer Rodger*  *PI: Mark McAndrew* |
| **Associate Investigator(s)** | *Dr Gregory Price*  *Ms Kerry Leggett*  *Miss Lauren Hennessy* |
| **Location** | *Sir Charles Gairdner Hospital Mental Health Unit.* |

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| Thank you for agreeing to take part in this research project which aims to test a new treatment for depression. As described in the Information Sheet, the research protocol includes interviews and several (20) sessions with an rTMS device. During these sessions, the rTMS device will be applying one of two treatments, as is necessary to compare these methods.  I understand that all information provided by me is treated as strictly confidential and will not be released by the investigators unless required to do so by law. If published, research data will not identify any family or person by name.  I have read and understood the study Information Sheet and I have been given a copy of it. I have been given the opportunity to ask questions about the study. I understand that I may withdraw from the study at any time without affecting my future medical treatment.  Further information may be obtained from the Chief Investigator, Assoc Prof Jennifer Rodger. She may be contacted on phone number 08 6488 2245; or email [jennifer.rodger@uwa.edu.au](mailto:jennifer.rodger@uwa.edu.au)  Alternatively you may contact Dr Gregory Price on phone number 6383 1065; or email [greg.price@health.wa.gov.au](mailto:greg.price@health.wa.gov.au) or Ms Kerry Leggett via email [kerry.leggett@uwa.edu.au](mailto:kerry.leggett@uwa.edu.au) |

**Consent to Participation in the Study**

1. I, (please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the Information Sheet, and the questions I have asked have been answered clearly.
2. I agree to participate in this research, knowing that I may stop at any time.
3. I understand that I may keep a copy of this Consent Form.
4. I agree that research data gathered for the study with my participation can be published as long as my name or any other identifying data is not used in any publication.
5. I agree that a summary of my results can be passed onto my referring Doctor.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_