Department of Psychiatry
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Participant identification number _____

Consent Form

Title: The cognitive profile of adolescent Obsessive-Compulsive Disorder
Chief investigator: Professor Barbara Sahakian

	Initial box
1. I confirm that I have read and understand the information sheet dated _____ for the above study 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 a reason and without my medical care or legal rights being affected.	☐
3. I understand that individuals from the research team and from regulatory authorities may look at sections of my data collected during the study if necessary. I give permission for these individuals to have access to my data.	☐
4. I understand that the data may be reported to other members of the research team and to the scientific community in the form of journal articles and presentations. Any information that could identify me will be detached from these data and will not be given to anyone who is not a member of the research team. I agree that the data can be made available anonymously to other researchers.	☐
5. I agree to take part in the above study.	☐
6. I wish to be contacted again for future studies by a member of the research team.	☐

Name of participant	Date	Signature

Name of researcher	Date	Signature

2 copies: 1 copy for family; 1 for research files