



Consent Form

Title of Project: Ghost imaging protocol with the human visual system

Name of Researcher: Jack Radford, Gao Wang, Daniele Faccio, Vytautas Gradauskas

- ☐ I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
- ☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- ☐ I acknowledge that participants will be referred to by pseudonym.
- ☐ I acknowledge that participants will not be identified by name in any publications arising from the research.
- ☐ I acknowledge that there will be no effect on my grades/employment arising from my participation or non-participation in this research.
- ☐ I understand the measurements that will be taken using the wearable devices provided are one of the following:
 - ☐ Electroencephalography (EEG)
 - ☐ Functional Near-Infrared Spectroscopy (fNIRS)
 - ☐ Combined EEG/fNIRS
- ☐ If participating to fNIRS studies, I have read and understand the "Kernel Privacy Policy" document.
- ☐ I confirm to my knowledge that I do not suffer from epilepsy.

All names and other material likely to identify individuals will be anonymised unless **optionally** provided (if participating to fNIRS studies,) using your Kernel Flow cloud account. If provided, we **do not intend to use this** information and it may be retracted at any time via your Kernel Flow cloud account by contacting privacy@kernel.com.

- The material will be treated as confidential and kept on Kernel (if participating to fNIRS studies) or University of Glasgow servers.
- The material will be retained on Kernel (if participating to fNIRS studies) or University of Glasgow servers for use in future academic research.
- The anonymised material may be used in future publications, both print and online.
- I agree to waive my copyright to any data collected as part of this project.
- I understand that researchers will have access to anonymised data generated in this study.
- I understand that researchers may use my words in publications, reports, web pages, and other research outputs. All quotations will be anonymous.

I agree / do not agree (delete as applicable) to take part in the above study.

Name of Participant Signature

Date

Name of ResearcherSignature

Date