

## CONSENT FORM FOR PROJECT PARTICIPANTS

**Title of Project:** Transcutaneous Vagal Nerve Stimulation in misophonia: an intervention exploring underlying neurophysiological mechanisms

**Researchers:** Dr Giulia Poerio, Dr Louisa Rinaldi

**RGEC Ref no:** ER/GLP28/4/1

*Please tick box*

**YES                  NO**

1. I have read the information sheet, had the opportunity to ask questions and I understand the principles, procedures and possible risks involved. ☐                  ☐
  
2. I consent to the processing of my personal information and data for the purposes of this research study. I understand that such information will be treated as confidential and handled in accordance with data protection legislation. ☐                  ☐
  
3. I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way. ☐                  ☐
  
4. I understand that any information I provide is confidential and that collected data will be stored in a de-identified way (e.g., using ID numbers not names). Electronic data will be stored securely on a University server. De-identified data will be made publicly available through online data repositories (e.g., Open Science Framework) or at the request of other researchers. ☐                  ☐
  
5. I understand that if there are any unexpected findings from the MRI scan that need further investigation you will inform my GP who will notify me if further tests are needed. ☐                  ☐
  
6. I consent to take part in the above research project ☐                  ☐

Name:

Signature

Date:

**Please indicate if you would be happy for us to contact you over email for future research opportunities from our lab.**

**YES** ☐ **NO** ☐

**Please indicate if you would like to receive a summary of the findings when published:**

**YES** ☐ **NO** ☐

*Your Email:* .....

*Your Preferred Contact Details:* .....

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