

University of California, Los Angeles

## **CONSENT TO PARTICIPATE IN RESEARCH**

### *Multi-relational networks and fMRI*

Carolyn Parkinson, PhD and Mason Porter, PhD, from the Departments of Psychology and Mathematics at the University of California, Los Angeles (UCLA) are conducting a research study.

Your participation in this research study is voluntary.

### **Why is this study being done?**

Social Network Survey: To understand social networks at UCLA.

fMRI Study: To understand the neural processes involved when people are watching videos clips.

We will combine these datasets to better understand how our real-world social networks are related to how our brains process information.

### **What will happen if I take part in this research study?**

Social Network Survey:

If you volunteer to participate in this study, the researcher will ask you to do the following:

- Fill out social network information about your social relationships and interactions twice (spaced approximately 9 months apart)
- You will have the opportunity to do fMRI studies if interested

fMRI Study:

If you volunteer to participate in the longitudinal fMRI study (which is comprised of 2 visits, approximately 9 months apart), the researcher will ask you to do the following during each session:

- You will watch a series of video clips
- Rest for a few minutes before watching more video clips
- Prior to any scanning, you will be asked some questions that will allow us to ensure your safety while being scanned by the Magnetic Resonance Imaging (MRI) scanner. For instance, we will ask you whether you are pregnant or have any metal in your body. Some of the questions will concern your medical history, and some will concern any activities that might have caused you to have metal in your body. It is very important that you answer these questions completely, and inform the technologist if you do not know the answer to any questions. This questionnaire will be used only in connection with the MRI procedure, and will not become part of your medical records.
- You will also be told how things will operate while you are in the scanner. For instance, you will have a squeeze ball that, if squeezed, will inform us that you want to discontinue your participation.

- If you agree to undergo an MRI, the amount of time you spend on the MRI procedures will be about 90 minutes. You will be asked to have a series of MRI pictures taken of your head. These pictures are made with an MRI device that uses radio waves and a large powerful magnet. The MRI pictures will be made while you lie on a narrow bed that positions your head inside of a large magnet. A number of series of MRI pictures will be taken of your brain. Each series will last 2-8 minutes, and up to 10 such series will be taken. During parts of the scan, you will be asked to remain very still for periods of up to 30 minutes (though most procedures will be much shorter).
- While in the scanner, images of your brain will be made by an MRI machine. While the scans are occurring, you will see video clips, and you may be asked to make some judgments concerning them.
- If at any point you feel too uncomfortable with the task to continue the experiment, please let us know and we will stop the experiment.
- After scanning, you will be asked about interpretations and attitudes pertaining to the stimuli that you saw.

### **How long will I be in the research study?**

Social Network Study: Participation in each of the 2 surveys (which are spaced approximately 9 months apart) will take around 15 minutes each time.

fMRI Study: Participation in each of the 2 fMRI sessions (which are spaced approximately 9 months apart) will take about 1.5 hours inside the fMRI scanner, and an additional 30 min has been allocated for instructions, questions, and so on.

### **Are there any potential risks or discomforts that I can expect from this study?**

The MRI scanning procedure requires that you be confined in a small partially enclosed space. Some individuals find this to be uncomfortable and may feel claustrophobic or experience nervousness, sweating or other minor discomfort.

The sound of the MRI scanner can be quite loud. You will be given special ear plugs to minimize the noise. In addition, the magnetism of the machine attracts certain metals; therefore, people with these metals within their bodies (such as pacemakers, infusion pumps, aneurysm clips, metal prostheses, joints, rods, or plates) will be excluded from the study. The “metal” in dental fillings is less responsive to magnetism and is therefore allowed. The MRI procedure uses a powerful magnetic field to generate detailed images of the body. The magnet could move objects within your body that contain metal, such as implants, clips and pacemakers. Tell the investigator if you have any metal items within your body.

MRI scanning is painless but you might experience discomfort in the machine. In particular, loud beeping and hammering noises occur during the study when the scanner is collecting measurements. You also may be bothered by feelings of claustrophobia when placed inside the MRI, or by lying in one position for a long time. You might also experience stimulation of the nerves in your body, which feels like a gentle tap or sensation of mild electric shock.

Because the risks to a fetus from MRI are unknown, you cannot participate in this study if you are pregnant.

There are no other known side effects resulting from exposure to the MRI scan. In the studies performed so far, there have been no significant risks reported in animals or humans for similar exposures. There may be risks that are currently unforeseeable.

Additionally, in the unlikely event of a breach of security, it is possible that an unauthorized party could gain access to your participation record. Such a record would include items like your name, date of birth, and contact information. The researchers have taken every possible precaution to prevent such an occurrence.

### **Are there any potential benefits if I participate?**

You will not receive direct benefits from participating in this study.

The results of the research may contribute to understanding of how social networks shape and are shaped by neural information processing.

### **What other choices do I have if I choose not to participate?**

You can always choose not to participate.

### **Will I be paid for participating?**

You will receive \$15 for completing the online social network survey each time, plus an additional \$5 bonus each time if over 80% of your floor completes the survey too, since social network analysis works best with a high response rate, and a \$5 bonus for completing it twice (total of up to \$45). You will receive \$50 for each of the two visits that are part of the longitudinal fMRI study if you choose to complete this component as well (total \$100 for fMRI, and up to \$45 for the brief online surveys, for a combined total of up to \$145). Each fMRI session involves approximately 90 minutes inside of the MRI scanner. If you terminate your participation, you will receive a pro-rated payment reflecting your participation, rounded up to the nearest half hour. The two fMRI sessions and surveys will be approximately 9 months apart.

### **Will information about me and my participation be kept confidential?**

The researchers will do their best to make sure that your private information is kept confidential. Information about you will be handled as confidentially as possible, but participating in research may involve a loss of privacy and the potential for a breach in confidentiality. Study data will be physically and electronically secured. As with any use of electronic means to store data, there is a risk of breach of data security. Confidentiality will be maintained by using only an identification number, and no other identifying information, on all questionnaires and forms that you complete as part of this study. The document indicating your name and all other identifying information, and the document linking your name with your identification number will be kept separately from your questionnaires. All identifying information will be kept in locked files, and only the

principal investigators and their immediate staff will have access to this information. No information that identifies you will be released by the investigators or by their staff without your separate consent except as specifically required by law.

All magnetic resonance data collected are archived in digital form, and are subject to review for scientific purposes by the investigators and their colleagues, as part of ongoing efforts to extend and improve the technologies of magnetic resonance imaging and spectroscopy and our understanding of the brain. These additional uses of the data acquired from you will not include any identifying information about you.

### **What are my rights if I take part in this study?**

- You can choose whether or not you want to be in this study, and you may withdraw your consent and discontinue participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

### **Who can I contact if I have questions about this study?**

- **The research team:**

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact:

Carolyn Parkinson      (310) 206-8177  
Mason Porter            (310) 794-6646

- **UCLA Office of the Human Research Protection Program (OHRPP):**

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please call the OHRPP at (310) 825-7122 or write to:

UCLA Office of the Human Research Protection Program  
11000 Kinross Avenue, Suite 211, Box 951694  
Los Angeles, CA 90095-1694

***You will be given a copy of this information to keep for your records.***

### **SIGNATURE OF STUDY PARTICIPANT**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

In some cases, we may be interested in re-contacting you for additional information or to participate in a follow-up experiment. If we do, your participation is completely

optional and you would be compensated appropriately for your time. Please indicate whether you are willing to be re-contacted following this study:

Yes       No

\_\_\_\_\_  
Signature of Participant

**SIGNATURE OF PERSON OBTAINING CONSENT**

\_\_\_\_\_  
Name of Person Obtaining Consent

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date