

INFORMED CONSENT FORM

for participating in scientific research

INVESTIGATING THE EFFECT OF AN AUDITORY BRAINSTEM IMPLANT ON UNILATERAL AND SEVERE TINNITUS

Version 3.0, dd 24-4-2017

- I have been informed about this research to my satisfaction. I have read the written information (ABI v4.0) carefully. I have been given the opportunity to ask questions about this research. My questions have been answered satisfactorily. I have been able to think carefully about participation. I have the right to withdraw my consent at any time without having to give any reason for it.
- I am aware that the main risk of participation in the study is that: dizziness may occur and/or a worsening of hearing ability. In addition, there are risks of the surgery such as meningitis and wound infection.
- I am aware that this treatment cannot guarantee that the tinnitus will greatly diminish, change or disappear.
- I agree that my general practitioner will receive information about this examination and the surgery that I will undergo. I also authorize the psychiatrist to request relevant information from my general practitioner.
- I am aware that technical maintenance is guaranteed for about 10 years after implantation and that it is not yet clear who will pay for this maintenance after that.
- I agree with participation in the research.

Full name:

Date of birth:

Signature:

Date:

- The undersigned declares that the abovementioned person has been informed of the abovementioned investigation both in speech and in writing. He / she also declares that a premature termination of participation by the abovementioned person will have no influence whatsoever on the medical care that is due to him or her.

Name of research investigator:

Signature:

Date: