DEPARTMENT OF PSYCHIATRY

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PARTICIPANT CONSENT FORM

CUREC Approval Reference: R74013/RE006

Combined Antidepressant and Behavioural Intervention (CABIN) study

Purpose of Study: to investigate the effects of a combined antidepressant (citalopram) and behavioural activation intervention on the processing of emotional information

		Please initial each box
1	I confirm that I have read and understand the information sheet version $\underline{2.0}$ dated $\underline{31}$ March $\underline{2022}$ for the above study. I have had the opportunity to consider the information carefully, ask questions and have had these questions answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or academic penalty.	
3	I have been advised about the potential risks associated with taking part in this research and have taken these into consideration before consenting to participate.	
4	I have been advised as to what I need to do for this research (especially with regard to citalopram intake) and I agree to follow the instructions given to me.	
5	To the best of my knowledge, I do not meet any of the exclusion criteria outlined in the information sheet for this research. If this changes at a later date during study participation, I agree to notify the researchers immediately.	
6	I understand that data collected during the study may be looked at by designated individuals from the University of Oxford. I give permission for these individuals to access my data.	
7	I understand who will have access to personal data (including special category data) provided, how the data will be stored and what will happen to the data at the end of the project.	
8	I agree for data collected in this study to be shared with other researchers, including those working outside of the UK and the EU, to be used in other research studies. I understand that any data shared will be anonymised so that I cannot be identified.	

9	rare circumstances in whi	ch it is judged that mysel	ictly confidential except in the If or someone else is at risk of ssary to an emergency would be		
	communicated).	se only information nece	ssary to an emergency would be		
9	I understand how this res	search will be written up and published.			
10	•	is project has been reviewed by, and received ethics clearance sity of Oxford Central University Research Ethics Committee.			
11	I understand how to raise	se a concern or make a complaint.			
12	I agree to take part in the study.				
Optional:	nal: I wish to receive a summary of results at the end of this study.				
		dd / mm / yyyy			
Name of Participant		Date	Signature		
		dd / mm / yyyy			
Name of p	person taking consent	Date	Signature		