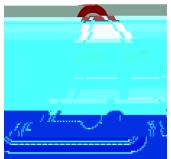


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3DJWLFSDQW 5HSUHVHQWDWLHYH 6LJQDWXUH _____ 'DWH _____ 7LPH _____
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, KDYH UHYLHZHG WKH DDOGLZHFUXW\SHUR\NLIGHGI [DP ZLWK , I



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0 5

I attest that the above information is correct to the best of my knowledge.
I have read and understood the contents of this form and have had the chance
to ask questions about both the information provided and the MR procedure I
am about to undergo.

(Participant/Representative to initial here)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____