

# York Neuroimaging Centre

## THE UNIVERSITY *of York*

### Participant CD Proxy Form

This form is to be filled in by participants who would like a CD of their Structural MRI scan but will not be able to return to the centre to pick up the CD.

*I, the Subject named below, state that I would like a Subject CD and authorise the named Proxy below to collect my CD on my behalf and convey it to me. I agree that YNiC is not responsible for the conveyance of the CD once it has been handed over to the proxy.*

Subject Name: .....

Date of Birth: .....

Date of Scan: .....

Proxy Name: .....

Relationship of Proxy to Subject / Proxy Job Title: (delete as appropriate)

.....

Subject Signature: ..... Date: .....

Proxy Signature: ..... Date: .....

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### Office Use Only

Received by: ..... Date: .....

