Withdrawing the agreement on informed consent

I withdraw my agreement that I had given to participate the MRI experiment for High-resolution fMRI study of functional architectures as well as sensory and cognitive functions in the human brain, after having the explanation from the experimenter.

Year/Month/Day:
Name:
Name:
Address:
Address:
Telephone number:
*Withdrawing the agreement has to be done by person who gives it.
Receiver's info:
Keiji Tanaka
Laboratory head, Laboratory for Cognitive Brain Mapping,
Brain Science Institute, RIKEN
Address: 2-1, Hirosawa, Wako, Saitama

Postal Code: 351-0198