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**Consent Form for the study “Security of Electrocardiography as a Biometric”**

**Please tick the appropriate boxes**

**Yes      No**

**Taking Part**

I have read and understood the participant information sheet and understand the purpose of the study.  Yes  No

I have been given the opportunity to ask questions about the project.  Yes  No

I agree to take part in the project. Taking part in the project will involve the reading of my ECG through electrodes placed on both arms and the left leg.  Yes  No

I am aware of the sensitive nature of ECG data and I understand what steps are being taken to protect my privacy.  Yes  No

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.  Yes  No

I understand that this project has been reviewed and approved by the University of Oxford Central University Research Ethics Committee  Yes  No

I have understood the complaints procedure and know how to raise any concerns.  Yes  No

I understand how the data will be written up and that it will be included in a student thesis.  Yes  No

**Usage of data gathered during the project**

I consent to the use of my data in peer-reviewed academic publications.  Yes  No

I understand that the data collected during the study will be collected and stored anonymised. I understand who will have access to it and what will happen to the data at the end of the study.  Yes  No

**Personal Data**

I agree to my contact details being stored for the duration of the study. I understand that any personal data will be treated according to the Data Protection Act.  Yes  No

\_\_\_\_\_  
 Name of participant [printed]

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of researcher [printed]

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date