

**Cover Page to Accompany ClinicalTrials.gov Document**

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**Informed Consent: August 12, 2021**

**For Protocol:**

**Evaluating the Physiological and Psychological Effects of a Novel  
Meditation 9 Technique on Cerebral Activity Measured with fMRI  
and F-18 Fluorodopa (FDOPA)**

**Thomas Jefferson University IRB ID: 21D.632**

**Clinical Trial Number: NCT05103618**

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50 **Purpose**

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52 The purpose of this research is to use functional magnetic resonance imaging (fMRI) and Positron  
53 Emission Tomography (PET) to measure alterations in brain and body activity from the practice  
54 of meditation over a period of time. The study will further our understanding of the physiological  
55 and psychological effects and dopaminergic function of Orgasmic Meditation (OM Meditation) in  
56 6 couple-pairs in a control group and in 30 couple-pairs in which one member has Parkinson's  
57 disease (PD). This study will utilize F-18 Fluorodopa (FDOPA) PET imaging which utilizes an  
58 experimental radioactive tracer called FDOPA which helps us evaluate the activity in the  
59 dopamine neurons in the brain. In order to assess the brain and body function more effectively,  
60 we would like to have you undergo a small battery of diagnostic tests that include magnetic  
61 resonance imaging (MRI), and positron emission tomography (PET).

62 A secondary goal of this study is to determine if undergoing meditation alters body or brain  
63 physiology. Specifically, this study will examine Orgasmic Meditation (OM Meditation), which  
64 consists of a practice that utilizes female sexual stimulation by a partner who is also considered  
65 to be performing the meditation practice. We are seeking specifically to observe the effects of  
66 OM Meditation in couple-pairs over time and to particularly measure whether there is an effect  
67 on intimacy and sexual dysfunction in women with PD.

68

69 **How this Research is Different from Standard Medical Care**

70

71 The MRI scans conducted in this study is equivalent to the standard of care fMRI scans. Briefly  
72 describe the main experimental aspects of this study including how the study differs from  
73 standard of care and any drugs/devices that are not yet approved.

74

75 The study drug that will be used for PET imaging is called 18F Fluorodopa (FDOPA) which utilizes  
76 an experimental radioactive tracer called FDOPA that helps us evaluate the activity in the  
77 dopamine neurons in the brain. There is evidence that meditation practices alter the amount of  
78 dopamine in the brain, and we are performing this pilot sub-study in order to better evaluate this  
79 effect. Scans may be performed at the Marcus Institute of Integrative Health PET-MRI scanner. In  
80 addition, you will receive several questionnaires and initial evaluations. A secondary goal of this  
81 study is to determine if undergoing OM Meditation alters body or brain physiology.

82

83 The control group will consist of 6 couple-pairs, amounting to 12 total participants. These  
84 participants will be proficient in the practice of OM Meditation. In this case, proficiency requires  
85 that subjects are formally trained in the practice of OM meditation and have been performing  
86 this practice regularly (2-3 times per month) for at least one year. During the initial visit, female  
87 control subjects will receive an initial FDOPA PET-MRI scan and a series of surveys, while the  
88 control partner will only receive surveys. After a period of 2-3 months, control subjects will return

89 for a follow-up visit, during which female control subjects will receive a follow-up FDOPA PET-MRI  
90 scan and follow-up surveys, while the control partner will only receive follow-up surveys.

91  
92 The active group will consist of 30 couple-pairs, amounting to 60 total participants. The female  
93 participant in each couple-pair must have a Parkinson's Disease (PD) diagnosis. During the initial  
94 visit, female subjects will receive an initial FDOPA PET-MRI scan and a series of surveys, while the  
95 partner will only receive surveys. Then, couple-pairs may receive training about the practice of  
96 OM Meditation. After training, couple-pairs will practice OM Meditation 3 to 4 times a week for  
97 2-3 months. Participants should keep a logbook documenting their practice. After 3 months of  
98 practice, subjects will return for a follow up visit, during which female subjects will receive a  
99 follow-up FDOPA PET-MRI scan and follow-up surveys, while the partner will only receive follow-  
100 up surveys.

101  
102 In the group of 30 couple-pairs of subjects in which one has PD, we will randomize them to  
103 undergo the OM practice initially (in between the two FDOPA PET-MRI scans) or into the waitlist  
104 period in which they will continue to receive standard of care for those two months and then  
105 have the repeat scan. The waitlist group will then practice OM for the next two months (but there  
106 will not be an additional FDOPA PET-MRI scan).

107  
108 **Number of Participants**

109  
110 About 80 participants will take part in this research at Jefferson to account for screen failures,  
111 attrition, and early withdrawals. The goal is to enroll 72 subjects total. There will be two groups:  
112 the control group and the PD meditation group.

113  
114 For the control group, we intend to enroll up to 12 subjects (6 couple-pairs). For the PD meditation  
115 group of the OM Meditation FDOPA study, we intend to enroll up to 60 subjects (30 couple-pairs)  
116 to perform the OM Meditation practice in this study. In both groups, subjects will practice OM  
117 Mediation regularly (at least 3-4 times per week) over a period of 2 months. Female subjects in  
118 the PD group will receive one initial FDOPA PET-MRI scan and one FDOPA PET-MRI scan after 2-3  
119 months of performing the OM Meditation practice. The duration of your participation in the study  
120 will be approximately 4 months total, which will include scheduling the two FDOPA PET-MRI scans  
121 and performing the OM Meditation practice for 2-3 months. In this study of female subjects  
122 undergoing FDOPA PET-MRI scans, will receive two scans, one initially and one after 2-3 months  
123 of performing the OM Meditation practice.

124  
125 The control group will consist of 6 couple-pairs, amounting to 12 total participants. During the  
126 initial visit, both control subjects will receive an initial FDOPA PET-MRI scan and a series of  
127 surveys. Then, couple-pairs may receive training about the practice of OM Meditation. After  
128 training, couple-pairs will practice OM Meditation 3-4 times a week for 2 months. After a period  
129 of 2 -3months, control subjects will return for a follow-up visit, during which both control subjects  
130 will receive a follow-up FDOPA PET-MRI scan and follow-up surveys.

131

132 The PD Meditation group will consist of 30 couple-pairs, amounting to 60 total participants. The  
133 female participant in each couple-pair has a Parkinson's Disease (PD) diagnosis. During the initial  
134 visit, female subjects will receive an initial FDOPA PET-MRI scan and a series of surveys, while the  
135 partner will only receive surveys. Then, couple-pairs will practice OM Meditation 3-4 times a week  
136 for 2 months. Participants should keep a logbook documenting their practice. After 2 months of  
137 practice, subjects will return for a follow up visit, during which female subjects will receive a  
138 follow-up FDOPA PET-MRI scan and follow-up surveys, while the partner will only receive follow-  
139 up surveys.

140  
141 In the PD Meditation group of 30 pairs of subjects in which one has PD, couples will be randomized  
142 to either the active group or the waitlist group. The active group will undergo the OM Meditation  
143 practice initially (in between the two FDOPA PET-MRI scans). The waitlist group will begin the  
144 waitlist period in which they will continue to receive standard of care for those 2 months and then  
145 have the repeat scan. The waitlist group will then practice OM Meditation for the next 2 months  
146 (but there will not be an additional FDOPA PET-MRI scan).

147

#### 148 **Duration**

149  
150 You will be in this research study for about 3-4 months depending on group assignment. Subjects  
151 will be randomized to either the active group or the waitlist group. Active group: subjects will  
152 begin OM Meditation practice shortly after the initial evaluation. OM Meditation practice will  
153 proceed for 2 months, after which subjects will have a follow-up evaluation. The remaining  
154 subjects will be placed in the waitlist group, where they will continue their usual care for the next  
155 2-3 months. Waitlist subjects may begin OM Meditation after the 3-month evaluation time point  
156 although after this time point as passed, they will no longer be active study subjects and will not  
157 have their OM Meditation practice evaluated.

158

#### 159 **Procedures and Risks**

160  
161 It is important that you know the procedures and risks involved in this research. These will be  
162 discussed with you and are included in detail later in this form. Review the information carefully  
163 when making your decision to take part in this research.

164

#### 165 **Possible Benefits**

166  
167 You may not personally benefit from taking part in this research, but we hope that what we learn  
168 may be helpful to future patients or society in general.

169

#### 170 **Alternatives to Taking Part in this Research**

171  
172 You have other options than taking part in this study. The alternative to being in this study is to  
173 not take part.

174

#### 175 **Costs**

176  
177 You may have costs for participating in this study. This will be discussed in detail later in this  
178 form.

179  
180 **Payment**

181  
182 You may receive payment for participation in this study. Couple-pairs may receive \$50 for  
183 completing the first set of MRI and PET scans and \$50 for completing the second set of scans. You  
184 may receive an additional payment to help with your travel cost from your home address to  
185 Villanova.

186  
187 You will receive payments through a debit card, called a Clincard, that you are given for this study.  
188 See the informational brochure for more information about how to use Clincard.

189  
190 If you would like to decline compensation for participating in this study, please initial on the line  
191 below.

192  
193 If you would like to decline compensation for this study, initial here: \_\_\_\_\_  
194 If you would like to decline compensation for the travel costs to participate in this study, please  
195 initial on the line below.

196  
197 If you would like to decline compensation for travel costs, initial here: \_\_\_\_\_

198  
199 If your round trip travel is 10 miles or less, you may receive \$25.  
200 If your round trip travel is 30 miles or less, you may receive \$75.  
201 If your round trip travel is 50 miles or less, you may receive \$125.  
202 If your round trip travel is 80 miles or less, you may receive \$200.  
203 If your round trip travel is 100 miles or more, you may receive \$250.

204  
205 **Ending Study Early**

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207 There are a number of reasons you may decide or be asked to stop the study early (for example:  
208 medical issues). You may also have to stop the study early even if you do not want to. You and  
209 the research personnel will discuss the reason if this becomes necessary. If you do leave the  
210 study early, you may be asked to complete some of the procedures described in this form. You  
211 will be asked to complete surveys and assessments prior to leaving the study.

212  
213 **New Information**

214  
215 New information may come out during this study. You will be given any new information that  
216 could change your decision to take part. You may ask to see the information collected about you,  
217 but not until the entire study is complete. You will be given any research results that could affect  
218 your health after your participation in the study is complete. You would be given the results if a  
219 separate condition may be detected while doing the test for this study.

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## **Detailed Information Section**

### **Drugs/Devices**

The drug(s) used in this study are described below:

FDOPA is the agent that will be used to measure changes in the brain for the PET scan. The FDOPA radiopharmaceutical has been used for over 30 years in a number of research studies, primarily studying Parkinson's disease and other movement disorders. More recently, at the Children's Hospital of Philadelphia, the tracer has also been used for studying changes in the pancreas in pediatric patients with congenital hyperinsulinism. Thus, the FDOPA, as a drug, is very safe for use as a PET radiopharmaceutical.

Carbidopa is a pharmaceutical drug that is used in conjunction with FDOPA imaging. It blocks peripheral metabolism of the FDOPA which allows FDOPA to be used more readily in the brain.

If you are in this study, you will participate in the study for approximately 3 months which will include baseline and follow up FDOPA PET-MRI scans, surveys and in the active group, performing the OM Meditation practice for 2 months.

### **Procedures**

While you are in this study, you will have different procedures, tests and/or evaluations which are described below. Please note that additional tests and procedures may be needed to check on your health condition.

We will ask you to complete some questions to make certain you are eligible to participate and are able to provide informed consent voluntarily. After the informed consent process is complete, female subjects in the PD Meditation group will undergo an initial FDOPA PET-MRI scan. While their partners will not be receiving a FDOPA PET-MRI scan. Both subjects in the control group will be receiving an initial FDOPA PET-MRI scan.

The OM Meditation consists of a practice that utilizes female sexual stimulation by a partner who is also considered to be performing the meditation practice. The partners will mutually select each other prior to arrival for the study participation. Married subjects will only be allowed to do the practice with their spouse. The meditation is a practice with 2 persons: a giver and a receiver (female). In the FDOPA study, the couple-pairs will be asked to perform the OM Meditation practice for 2 months.

The goal of the practice is to experience more connection, intimacy, vitality, and fulfillment. The practice is not performed for sexual gratification but for spiritual purposes only. The meditation practice is conducted for a duration of approximately 15 minutes.

264 On the day of the study, you will report to the Marcus Institute of Integrative Health at Villanova.  
265 The informed consent process will be completed with you. If there is difficulty with scheduling  
266 your time in the PET-MRI scanner, it may be necessary for you to come back on a separate day to  
267 receive the PET-MRI scan. You will be asked questions about your medical history and about the  
268 medications, you are taking. You will receive a brief evaluation to confirm that you qualify for the  
269 study. You will also be asked to complete some questions about your mood. We may ask  
270 questions to test your memory, concentration, and mood. Females who are enrolled in this study  
271 will be asked to complete additional surveys. These surveys can take up to 2 hours to complete.  
272

273 Female subjects of childbearing potential will need a negative pregnancy test (blood or urine)  
274 within 48 hours before the start of the scans. The positron emission tomography (PET) scan  
275 determines which areas of your brain are functioning differently. The PET scan works by injecting  
276 into your vein a radioactive medicine called FDOPA. FDOPA is an experimental tracer that  
277 measures dopamine function. By injecting the FDOPA, we can see where in the brain and body it  
278 goes so that we can take a picture of the activity in these areas. After injection of the tracer via  
279 an intravenous catheter, you will be asked to rest quietly for approximately 90 minutes. At that  
280 point, you will be brought into the scanner room and will be asked to lie down on the PET imaging  
281 table. The remainder of the procedure involves having your head held comfortably in a special  
282 head holder as a reminder not to move your head and remain still while the scanner takes pictures  
283 of your brain and body.  
284

285 The magnetic resonance imaging (MRI) scan will evaluate the structure and function of the brain,  
286 along with the connecting fibers affected by pain and is performed simultaneously with the PET  
287 scan using a special PET-MRI scanner that can do both at the same time. Before the MRI scan, we  
288 will ask you a number of questions to make sure you do not have any metal in your body that  
289 might affect the scanner. While you are lying on the imaging table for the PET scan, the MRI scan  
290 will also be performed. The MRI scans add no radiation, but do make loud banging noises for  
291 which you will be given earplugs to block the sound. The MRI, along with the PET scan, is done  
292 over about 60 minutes. Your head will be in a special head holder that enables us to take pictures  
293 of your brain and body.  
294

295 You may receive training in order to help you perform the meditation. You will then be asked to  
296 undergo an fMRI scan at the end of the training program in a manner similar to the initial fMRI  
297 and will complete the informed consent process again to remind you of what to expect.  
298

### 299 **Surveys and Questionnaires**

300  
301 You may be asked to complete several surveys depending on different group. Psychological  
302 inventories - The Speilberger State Trait Anxiety Inventory (STAI) contains a total of 40  
303 questions, half of which relate to the way subjects are feeling at the moment and half of which  
304 ask them to describe how they usually feel. The Profile of Moods Scale (POMS) assesses overall  
305 mood. The Beck Depression Inventory (Beck 1972) is a standard 21-item questionnaire probing  
306 cognitive and somatic symptoms of depression. These surveys will be used to evaluate changes  
307 in mood, depression symptoms and anxiety. Subjects in all couple-pairs will be asked to

308 complete the Marital Intimacy Questionnaire (MIQ) and the Clinical Global Impression (CGI –I)  
309 Scale to assess the effect of the meditation. Couple-pairs in the active group will be asked to  
310 keep a log of their meditation practice.

311  
312 The Female Sexual Function Index (FSI). We may also administer the Clinical Global Impression  
313 (CGI –I) Scale to assess the effect of the meditation. Subjects with Parkinson's will be evaluated  
314 utilizing the UPDRS scores and Parkinson's Disease Questionnaire-39 to determine any change  
315 or improvements in PD symptoms. Female subjects will be asked to complete the Female  
316 Sexual Function Index (FSFI).

317

318

### 319 **Risks**

320

321 Taking part in this study involves certain risks. There may also be risks that are not known at this  
322 time. If you have any medical issues during this study, call the appropriate number in the contacts  
323 section of this form.

324

325 It is possible that during the course of the MRI or PET scan procedure, a technologist or research  
326 staff may notice a possible abnormality on your MRI or PET scan (an incidental finding of which  
327 you were previously unaware). Such a finding may make you feel anxious or depressed. The  
328 information and scans will be made available to your primary care doctor or referring physician  
329 in order to manage the finding as quickly and effectively as possible.

330

331 The PI will counsel you about the abnormality and will help refer you to your primary care  
332 physician or a specialist who can further evaluate the abnormality and help you manage it. We  
333 will work with your treating physician to ensure that the incidental findings are addressed in a  
334 timely manner.

335

336 **Survey Questions Risks:** Some of the questions we will ask you as part of this study might make  
337 you feel uncomfortable or embarrassed. You can refuse to answer any of the questions and you  
338 are allowed to take a break at any time during the study. You can stop your participation in this  
339 study at any time.

340

341 **MRI Risk:** The MRI requires an MRI scanner, which does not involve any ionizing radiation  
342 exposure. Due to the strength of the magnetic field of the MRI, there is a risk of being injured if  
343 an unsecured metal object flies into the MRI scanner. In order to minimize this risk, subjects will  
344 be asked to remove all metal objects from their person. In addition, all magnetic metal objects  
345 will be cleared from the area prior to the scan. This is the standard practice when patients  
346 undergo MRI exams. It is important when discussing the study that subjects inform the staff if  
347 they have any of the following:

- 348 • Surgically implanted electrical devices
- 349 • Pacemaker
- 350 • Surgically placed metallic clips (aneurysm clips)
- 351 • Ear implants

352 • Any history of metal fragments in the eye  
353 Additionally, subjects may find it uncomfortable to lie on the MRI table during the scan or  
354 experience some claustrophobia.

355  
356 **FDOPA PET-MRI Scan Risks:** This research study involves exposure to radiation from the FDOPA  
357 and therefore subjects will receive a radiation dose that subjects would not receive if they did not  
358 have the scans. The radiation dose obtained as the result of participating in this study is the same  
359 as standard clinical brain scans using similar tracers. Therefore, at the doses subjects will receive,  
360 it is very likely that they will see no effects at all. Additionally, subjects may find it uncomfortable  
361 to lie on the PET/MR table during the scan or experience some claustrophobia. The carbidopa  
362 which is used to as a part of the FDOPA imaging procedures by itself, which is used as a  
363 premedication, has no reported side effects. Use of FDOPA for PET imaging has been used in  
364 research for over 30 years with minimal evidence of any side effects. There have been very rare  
365 adverse effects of skin redness, facial swelling, fever, and transient rise in blood pressure.

366  
367 In this study of female subject with PD undergoing FDOPA PET-MRI scans, you will receive two  
368 scans, one initially and one after 2 months of performing the OM Meditation practice if in the  
369 OM Meditation group or after 2 months of continuing usual care if in the Waitlist group.

370  
371 FDOPA is a radioactive tracer that will be provided by the cyclotron facility at the University of  
372 Pennsylvania and used under an Investigational New Drug application approved by the FDA.  
373 Although technically it is an experimental radiopharmaceutical, it has been used in hundreds of  
374 studies over the past 25 years. In addition, FDOPA results in some exposure to ionizing radiation.  
375 The amount is acceptable for the research subjects who will directly benefit by receiving full  
376 clinical reads of these scans that their referring physician can utilize for determination of  
377 prognosis and treatment planning. You will be required to lie still on the imaging table for 30-60  
378 minutes, which can be uncomfortable. The premedication with carbidopa alone is part of  
379 standard imaging protocols with FDOPA. According to the package insert, carbidopa alone has  
380 not been demonstrated to have any overt pharmacodynamic actions in the recommended doses  
381 and this is a one-time dose that is not expected to result in adverse effects. However, all patients  
382 will be monitored for any adverse effects through the FDOPA imaging procedures.

383  
384 Some persons may experience some discomfort while lying flat on the table for MRI or PET scans.  
385 There may be risks that are unforeseeable currently.

386  
387 You should call the study doctor as soon as possible at 215-503-3422 if, during the course of this  
388 study, you develop any side effects or symptoms.

389  
390 **Risks to a Pregnant Woman, Embryo, Fetus, and Nursing Child (Reproductive Risks)**  
391

392 Taking part in this study may involve certain risks to a pregnant woman, embryo, fetus, or nursing  
393 child. In addition to the risks described below, there may also be risks that are not known at this  
394 time.  
395

396 **Reproductive Risks:**

397

398 If you are pregnant, plan to become pregnant or are breast feeding you cannot be in this study.

399

400 If the above statement does not apply to you and you are able to have children, you will be  
401 required to use birth control during the study and for 30 days after your last dose of the study  
402 drug OR modify according to the protocol. Appropriate methods of birth control will be discussed  
403 with you. You will have one or more pregnancy tests (blood and/or urine).

404

405 If you or your partner becomes pregnant during the study, you must tell the study personnel  
406 immediately. We will ask to follow up with you for the outcome of the pregnancy.

407

408 **Costs**

409

410 You may have costs for participating in this study. There will be no study related items or services  
411 billed to you or your insurance company. You may be responsible for other costs. There is no plan  
412 to pay you for lost wages, lost time from work, personal discomfort, or for injuries or problems  
413 related to your underlying medical condition(s). If you receive a bill that you think is wrong, please  
414 contact the research personnel. You will be responsible to pay for your travel to and from the  
415 study site and other out-of-pocket expenses such as parking.

416

417 There may be costs to you for taking part in the study. Some of the procedures and services  
418 performed in the study are part of the regular treatment for your condition. These would be  
419 performed even if you were not enrolled in the study. The costs for these procedures and services  
420 will be billed to your insurance. Additional items may also be billed to your insurance while you  
421 are taking part in the study. These items may include administration of the study drug, as well as  
422 procedures and services to prevent, diagnose or treat potential complications arising from your  
423 participation in the study. You will be responsible for any costs your insurance does not cover.  
424 You will be responsible for insurance co-pays and deductibles.

425

426 **Research-Related Injury**

427

428 There is a possibility that you could have research-related injury, which is an illness or an injury  
429 that is directly caused by the study drug(s) or a study procedure. If you have a research-related  
430 injury, we will offer you reasonable and necessary care to treat injuries directly resulting from  
431 taking part in this research. Neither Jefferson nor the study will pay for costs associated with  
432 treatment of research-related injury or illness. These costs may be billed to your insurance. In  
433 addition, you will be responsible for any deductibles and co-payments required under your health  
434 plan and for any claims ultimately denied by your health plan. There are no plans for Jefferson to  
435 pay you or give you other compensation for the injury. If you think you have been injured as a  
436 result of taking part in this research study, tell the research personnel as soon as possible. Please  
437 see the contact information in this consent form.

438

439 **Disclosure of Financial Interest**

440  
441 This study is being supported at Thomas Jefferson University by the Marcus Foundation.  
442

443 **Privacy and Confidentiality: HIPAA Authorization**  
444

445 Information will be collected about you for this study. The information will be seen by the people  
446 involved with this research. Steps will be taken to protect your identity. But the information  
447 collected about you can never be 100% secure.  
448

449 HIPAA (Health Insurance Portability and Accountability Act) – This is the law that protects your  
450 personal health information.  
451

452 To do this study, we need to collect, use, and share your personal health information. This form  
453 will explain why your information is being collected, what information will be collected, and who  
454 will have access to it. By signing, you are giving us permission to use your information as described  
455 in this form.  
456

457 We are committed to respecting your privacy and to keeping your personal health information  
458 confidential. Your personal health information includes the information in your health care  
459 records and information that can identify you. For example, personal information may include  
460 your name, address, phone number, social security number, and medical information. The  
461 personal health information that may be collected, used, and shared for this research includes:  
462

- 463
- 464 • Information from your medical records
  - 465 • Demographic information such as name, gender, birth date, ethnicity, medical history,  
466 and health care providers
  - 467 • Physical examinations, procedures, tests, labs, your medical conditions, and medications  
468 you use
  - 469 • Information collected about any research related injury
  - 470 • Information about mental health, sexually transmitted diseases, HIV, AIDS, drug and  
471 alcohol use, genetic test results, and other sensitive information
  - 472 • Labs, imaging results (PET/MR, MRS), questionnaires, photos, video, audio and any other  
473 information/results collected for this study.

474 Your personal information will be used by and shared with the following:  
475

- 476 • Personnel at Thomas Jefferson University and its affiliates for the purpose of this research
- 477 • Institutional Review Boards (ethics committees that review research) including the  
478 Jefferson and affiliate IRB(s)
- 479 • Health insurance providers
- 480 • Research monitors hired by the sponsor-investigator to oversee the study and review  
481 health care records to ensure study-related information is correct
- 482 • Government Agencies like the Food and Drug Administration (FDA)

- 483       • Public health authorities who monitor such things as sexually transmitted diseases, HIV,  
484       AIDS, child abuse, as required by law  
485       • Groups monitoring the safety of the study such as a data and safety monitoring committee  
486       • Others as required by law; whenever possible we will use de-identified data  
487

488       When your personal information is provided to some of the people listed, it may no longer be  
489       protected under the HIPAA privacy law. You can see your health care records at any time.  
490       However, generally you will not be able to see your study records or the study results until the  
491       study is completed. A copy of this signed form, information about this study, and the results of  
492       any study test or procedure may be included in your health records which may be seen by your  
493       insurance company and your health care providers.  
494

495       This authorization does not have an expiration date. Please inform the investigator in writing if  
496       you want to end your permission to collect information/samples. Please note that anything  
497       already collected will still be used and you may not be able to continue in this study.  
498

499       The information from this study may be published in scientific journals or presented at scientific  
500       meetings, but you will not be identified personally  
501

502       A description of this study will be available on <http://www.ClinicalTrials.gov>, as required by U.S.  
503       Law. This website will not include information that can identify you. At most, the website will  
504       include a summary of the results. You can search this website at any time.  
505

506       Your private information and specimens, with the identifiers removed, could be used for future  
507       research studies or distributed to other researchers for future research studies without your  
508       additional permission.  
509

## 510       **Contacts**

511

512       **If during your participation in this study, you are having a medical emergency, call 911 or go**  
513       **directly to an emergency room. You should let emergency personnel or providers know that**  
514       **you are taking part in this study.**

<b>For Questions About:</b>	<b>Person or Office</b>	<b>Contact Information</b>
The Study or Research Related Injury	Main Investigator: Andrew Newberg, MD Research study manager: Nancy Wintering, LCSW Research study coordinator	Phone Number: 215-503-9070  215-503-3423 215-503-4886
If you need to contact someone other than the study personnel about a concern or your rights as a research subject	Jefferson Center City  Institutional Review Board (Ethics Committee)	215-503-0203  215-503-8966  215-955-4239

PI: Andrew B. Newberg, MD  
IRB Control #: 21D.632  
Sponsor: Departmental  
Abbreviated Title: The Effect of Meditation with fMRI in  
FDOPA in Controls and Parkinson's Disease on Brain Activity

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516

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518 **Signatures**

519

520 Patient/Subject: By signing this form, you are agreeing that:

521

- 522 • You were given the opportunity to read this form.
- 523 • All of the information in this form was discussed with you by a physician investigator to
- 524 your satisfaction.
- 525 • All your questions have been answered to your satisfaction.
- 526 • You were not pressured and you voluntarily agree to take part in this research.

527

528

529

530 \_\_\_\_\_  
Your Name

530 \_\_\_\_\_  
Your **Signature**

530 \_\_\_\_\_  
Date

531

532

533

534 \_\_\_\_\_  
Name of Person Obtaining/  
535 Assisting with Consent

534 \_\_\_\_\_  
Signature of Person Obtaining/  
535 Assisting with Consent

534 \_\_\_\_\_  
Date

536

537 The **physician investigator's** signature certifies that he/she **personally** provided the study  
538 participant with a description of the study, study procedures, risks, benefits and alternatives to  
539 participation.

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542

543 \_\_\_\_\_  
Name of Investigator

543 \_\_\_\_\_  
Signature of Investigator

543 \_\_\_\_\_  
Date

544

545

546

547 \_\_\_\_\_  
Name of Witness

547 \_\_\_\_\_  
Signature of Witness

547 \_\_\_\_\_  
Date

548 ***(Witness required if the only language the subject speaks and understands is English, but the***  
549 ***subject cannot read English, or if the subject is blind or cannot physically sign the consent form.)***

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552  **Copy of Signed Consent Form Given to the Subject**

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