

JoVE Participant Release Form

All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form.

Participant Name: Mrs. B. Meurer

Project Title: JoVE Article 58264

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at University Hospital Bonn

on 09 November 2018

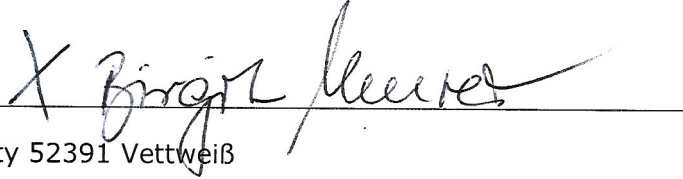
By: Dipesh Navani, PhD

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature



Address Broichstr. 70 City 52391 Vettweiß

State Germany Zip code D-52391

Date: 07/October/2018

For the scientific writing team:

Priv. Doz. Dr. med. habil. Helge Müller
Stellv. Direktor der Klinik und Poliklinik für
Psychiatrie und Psychotherapie
Universitätsklinikum Bonn
Sigmund-Freud-Straße 25, D-53105 Bonn