

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: **Kazushige Yokoyama**

Project Title: **Characterization of pH-Dependent Reversible Self-Assembly of Amyloid beta 1–40-Coated Gold Colloids**

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 **Geneseo, New York**

on **February 25<sup>th</sup>, 2025**

(Recording Location)

(Date)

By: Anastasia Gomez

For: The Journal of Visualized Experiments (JoVE)

(Producer)

(Producing Organization)

Participant Signature \_\_\_\_\_



Address **45 Rock Hill Rd**

City **Rochester**

State **New York**

Zip code **14618**

Date: **2/20/2025**

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If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_

\_\_\_\_\_

(Signature)

(Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_