Hugh Sinclair Unit of

Human Nutrition

Department of Food and

Nutritional Sciences

University of Reading

Harry Nursten,

 Reading, RG6 6DZ

+44 (0)118 378 7771

NAME OF STUDY PRINCIPLE INVESTIGATOR

PHONE NUMBER OF PI

EMAIL OF PI

Consent Form for STUDY NAME

[Version/Date UREC(SREC) reference number]

Participant ID number :

 Please initial boxes

1. I confirm that I have read and understand the Participant Information Sheet dated \_\_\_\_\_\_\_version\_\_\_\_\_for the above study, and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I authorise the investigator to inform my General Practitioner if any abnormal results are found in relation to my screening results. I will be informed when this happens.
4. I have received a copy of this Consent Form and of the accompanying Participant Information Sheet.
5. I consent to an initial blood sample being taken for screening purposes, followed by a series of blood samples throughout the study at the times indicated on the accompanying Participant Information Sheet.
6. I understand that this study has been reviewed by School /University of Reading Research Ethics Committee and has been given a favourable ethical opinion for conduct.
7. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. I also give permission to preserve my study data over the long-term so that they may be consulted and re-used by others, in accordance with the University Data Management Policy

8. I consent to storage of any remaining biological samples for tests in the future relating to nutrition and health, provided that the tests are approved by an ethics committee. I understand that I can withdraw my consent to store my samples at any time, without giving any reason, by asking the investigators in writing for my samples to be removed from storage and destroyed

Study specific (delete if not relevant to your study)

9. I consent to the use of my samples for genetic testing in ethically approved research

Participant details

Name of Participant: DOB:

Signature: Date:

Address of Participant:

Telephone number:

General Practitioner (GP) details

Name:

Address:

Telephone:

**Witnessed by**

Name of researcher taking consent:

Signature: Date: