Consent Form

The potential of carnosine supplementation in reducing cardiometabolic risk: a double-blind, placebo-controlled trial

Title

Potential of carnosine supplementation to reduce cardiometabolic risk

Short Title

16061A

Protocol Number

RACP, NHF

Project Sponsor

Associate Professor Barbora de Courten

Coordinating Principal Investigator

Helena Teede, James Cameron, David Scott, Alex Hodge, Kate Loveland, Kirthi Menon (Phd student), Estifanos Baye (Phd student), Aya Mousa (Phd student), Negar Naderpoor (Phd student), Lachlan McMillan (Phd student), Alexander Rodriguez (Phd student), Josphin Johnson (Research assistant), Jakub Mesinovic (Phd student), Mavil Cervo (Phd student), Brendan Gillespie (Research assistant), Bronwyn Beovich (Research assistant), Paula Fuge-Larsen (Research assistant), Sultana Razia Lisa (Volunteer)

Associate Investigator(s)

Monash Centre for Health Research and Implementation, Clayton

Location

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Monash Centre for Health Research and Implementation concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

Participant Information Sheet/Consent Form
I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that, if I decide to discontinue the study treatment, I may be asked to attend follow-up visits to allow collection of information regarding my health status. Alternatively, a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis. I understand that my results may be forwarded to my GP upon my request.

I consent to the storage and use of blood and tissue samples taken from me for use, as described in the relevant section of the Participant Information Sheet, for:
• This specific research project
• Other research that is closely related to this research project

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) 
Signature ___________________________ Date ___________________________

Name of Witness* to Participant's Signature (please print) ___________________________
Signature ___________________________ Date ___________________________

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher†

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/ Senior Researcher† (please print) ___________________________
Signature ___________________________ Date ___________________________

† A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.