Supplementary Table 1: Timeline of the trial

Explanation of the trial activities	Time (months)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Material preparation	*															
Recruitment		*	*	*	*	*	*									
Clinical assessments at baseline		*	*	*	*	*	*									
Nutritional assessments at baseline		*	*	*	*	*	*									
Biochemical assessments at baseline		*	*	*	*	*	*									
Intervention								*	*	*	*	*				
Clinical assessments after intervention													*	*		
Nutritional assessments after intervention													*	*		
Biochemical assessments after intervention													*	*		
Data analysis															*	
Writing the final report of the trial																*
The expected time	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

"Consent Form"

I ..... hereby agree to participate in a research project entitled "Effects of boron citrate supplementation on cardiometabolic factors, inflammatory biomarkers, nutritional status, and anthropometric measures in obese patients: study protocol for a randomized double-blind clinical trial" under the supervision of Dr. Helda Tutunchi.

It was explained to me about the effect boron citrate supplementation on cardiometabolic factors, inflammatory biomarkers, nutritional status, and anthropometric measures will be studied.

In this research, I will answer the questions about my characteristics and dietary intakes, and blood sample will be taken from me at the beginning and end of the intervention. The present study is designed to be 12 weeks. During the research period, I will be consumed boron citrate supplements during the intervention.

My name and all information that is taken from me will be remained confidential (in writing) and the research results will be published as the general answer of the studied group and the individual results will be presented without mentioning names.

The researcher has answered all my questions, so I agree to participate in this research. By mentioning this, this agreement will not prevent legal actions - in case of illegal action or inhumane method.

Name and surname of the person being studied:

Study address:

Date and signature of the participant:

Statement of the research officer: I have informed the participant about the nature of the above plan process and the treatment used and the possible risks. I have answered all questions to the

best of my ability. I will inform the participant of any changes in possible risks and benefits during the study or information that will depend on the participant's willingness to continue treatment in this study.