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**Consent Form for HI-FIVE STUDY**

UREC 17/18 (10th April 2017)

**Please initial boxes**

1. I confirm that I have read and understand the Participant Information Sheet dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_for the study, **Effects of fish oil-derived n-3 polyunsaturated fatty acids on the generation and functional activities of extracellular vesicles** **(HI-FIVE STUDY)**, which was explained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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 of my participation in the study.
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 have had explained to me that consent for my contact details and personal information to be added to the Hugh Sinclair Unit of Human Nutrition Volunteer Database is entirely voluntary.

Accordingly I consent as indicated below:

Yes No

* I consent to my contact details being stored on the Nutrition Unit Volunteer Database.
* I consent to my screening information (including date of birth, height, weight, blood pressure, smoking status, long-term use of medication, and blood test results, such as level of cholesterol, triacylglycerol, and glucose) being stored on the Nutrition Unit Volunteer Database.

Yes No

Yes No

* I wish to receive a summary of the overall results once the study is complete and analysed statistically.

Yes No

* I consent to all of the data I provide being preserved over the long term,

and being available in anonymised form, either openly or subject to

appropriate safeguards, so that data can be consulted and re-used by others.

**Participant details**

Name of Participant: Date of Birth:

Signature: Date:

Address of Participant:

(*Please add if you wish to receive the overall results of the study, and/or you consent to be part of the Hugh Sinclair Unit of Human Nutrition Volunteer Database*)

Telephone number:

**General Practitioner (GP) details**

Name:

Address:

Telephone:

**Witnessed by**

Name of researcher taking consent:

Signature: Date: