

## **Validation of a Fatmax Protocol**

## **Consent Form**

## **Researchers**

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**Please initial box**

1. I confirm that I have read and understand the information sheet dated 5th March 2017 (Version 4) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time during the study period and within one month of completing the study, without giving any reason and without my legal rights being affected

3. I agree that my data may be stored for up to 5 years and used until all analysis for this study is complete.

4. I understand that I have the right to access my data at any time, upon request.

5. I agree / do not agree for my contact details to be kept by the research team in case they would like to invite me to a follow-up session / study (please cross out as appropriate and initial box)

6. I agree to take part in the above study.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Date |  | Signature |
| Name of person taking consent (if different from researcher) |  | Date |  | Signature |
| Researcher |  | Date |  | Signature |

1 copy for participant; 1 copy for researcher