Participation Consent Form - Targeting metabolic and vascular health with high intensity exercise training in type 2 diabetes

Nathan Johnson
The University of Sydney, nathan.johnson@sydney.edu.au

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PARTICIPANT CONSENT FORM

I,.......................................................................................................................[PRINT NAME], give consent to my participation in the research project

TITLE: NOVEL EXERCISE THERAPIES FOR TYPE 2 DIABETES

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, including any inconvenience, risk, discomfort or side effect, and their implications, and any questions I have about the project have been answered to my satisfaction.

2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.

3. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.

5. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney, University of Newcastle or Australian Catholic University now or in the future.

6. I consent to:

   - Receiving Feedback
     - YES □
     - NO □
   - DNA
     - YES □
     - NO □
   - Stool sample
     - YES □
     - NO □
If you answered YES to the “DNA” question, do you wish to be contacted by the researchers if a DNA finding for an untreatable or unpreventable condition becomes treatable during the period of your involvement in the study or in the following 5 years?

YES ☐ NO ☐

If you answered YES to the “Receiving Feedback” question, please provide your details i.e. mailing address, email address.

Feedback Option

Address: _______________________________________________________
                                               _______________________________________________________

Email: _______________________________________________________

.................................................................
Signature

.................................................................
Please PRINT name

.................................................................
Date