

**Consent form**

**Glycaemic Response (GR), Insulin Response (IR), glucagon-like peptide-1 (GLP-1) and gastric inhibitory polypeptide (GIP) response study**

*Contacts:*

Dr. Helen Lightowler, Director of the Oxford Brookes Centre for Nutrition and Health

Dr. Sangeetha Thondre, Senior Lecturer in Nutrition

Oxford Brookes Centre for Nutrition and Health

Department of Sport and Health Sciences

Faculty of Health and Life Sciences

Oxford Brookes University

Gipsy Lane Campus

Oxford OX3 0BP

Tel: 01865 484365/ 01865 483988/

Email: [hlightowler@brookes.ac.uk](mailto:hlightowler@brookes.ac.uk) / [Pthondre@brookes.ac.uk](mailto:Pthondre@brookes.ac.uk)

Please **INITIAL** the appropriate box

	Yes	No
1. I confirm that I have read and understand the information sheet for the above research project.	<input type="checkbox"/>	<input type="checkbox"/>
2. I confirm that I have had the opportunity to ask questions and have received satisfactory answers to all my questions.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason, or to withdraw any unprocessed data previously supplied.	<input type="checkbox"/>	<input type="checkbox"/>
4. I understand that confidentiality of information provided can only be protected within the limits of the law.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree to take part in the above research.	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant ..... Date .....  
(block capitals)

Signature ..... Contact number:

email:.....

Name of Researcher ..... Date.....

(block capitals)

Signature .....