

Consent form

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

Contacts:

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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