

INFORMED CONSENT FORM

Title of Study: The replicate RCT Ketogenic diet Study

Name of researcher taking consent: _____

Please initial box if you agree with the statement

1. I confirm that I have read the participant information sheet dated.....(version.....) for the above study. 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, without my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by investigators on the replicate RCT Ketogenic diet Study team. I give permission for these individuals to have access to my records. ☐
4. I understand that the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers. ☐
5. I agree to my anonymised samples being stored for future ethically-approved research studies for up to 10 years. ☐
6. I understand that the information held and maintained by the replicate RCT Ketogenic diet Study team may be used help contact me or provide information about my health status. ☐
7. I agree to take part in the study above. ☐

Participant's signature: _____ Date: _____

Participant name in BLOCK Letters: _____

Researcher's signature: _____ Date: _____

Researcher name in BLOCK Letters: _____

If you have any concerns or complaints related to your participation in this project please direct them to the Research Governance and Compliance Team at research-ethics@bath.ac.uk.

The replicate RCT Ketogenic Diet Study

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