



## Human Milk Lipid Profile Assessment and Influences of Mother's Diet

### INFORMED CONSENT

This form must be signed by you only if you decide to participate in the study. You can withdraw your consent at any time.

I declare to receive a signed copy of this consent form together with a dated and signed copy of the information sheet. I also declare:

- to have received from the investigator exhaustive explanations regarding the request for participation in the study, in particular on the purposes and procedures;
- having read and understood the information sheet that was given to me sufficiently in advance and confirming what was explained to me;
- having had the opportunity to ask questions and have received satisfactory answers;
- take charge of the delivery of the letter relating to the study to my attending physician;
- be aware that participation is voluntary, with the assurance that the refusal to participate will in no way affect the quality of the assistance received;
- be aware that, if I withdraw my consent, the data collected before the withdrawal of consent will be used by the researchers;
- to consent and authorize the collection and processing of my personal data, pursuant to Legislative Decree n. 196/2003 (privacy code), for the purposes of the research within the limits and with the methods indicated in the information provided with this document.

In view of the information received verbally and written, I, the undersigned,

Surname Name \_\_\_\_\_

born in \_\_\_\_\_ Province \_\_\_\_\_ date \_\_\_\_\_

mother/father of \_\_\_\_\_ born the \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

I agree to participate in the aforementioned study.

Signature Date \_\_\_\_\_

The investigator doctor

SURNAME AND NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_