



## Consent to Participate

### **Study title: Effect of Magnesium Supplementation on Sleep Quality and cognition in Saudi Adults: A Randomized Controlled Trial**

Study Ethical Approval Number: HAPO-02-K-012-2025-01-2441  
Document Date: October 1, 2024

#### **Participant ID.....**

**Please indicate your agreement with the following statements**

1. I confirm that I have read and understand the information sheet .....  
for the above project and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw  
at any time without giving any reason.
3. I understand that my responses will be anonymised before analysis.  
I give permission for members of the research team to have access  
to my anonymised responses.
4. I agree to share my email and mobile number with the researcher for contact during  
the study period.
5. I agree to drawing a small amount of blood twice during the study period
6. I agree to take part in the above research project


\_\_\_\_\_  
Name of Participant  
(or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(if different from lead researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*To be signed and dated in presence of the participant*

#### **Copies:**

*Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy for the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.*