Application No. *(Official use only)*

(PARTICIPATION IN THIS RESEARCH IS VOLUNTARY)

1. Investigator's Name	:	Sivanesan Rajeswaran	**Faculty** :	FSc
Title of research project	:	Effectiveness of dietary intervention strategies among athletes with Gastrointestinal symptoms in Perak		
Purpose of study	:	To determine the effectiveness of different dietary strategies in reducing GI symptoms among athletes in Perak.		
Procedure	:	Participants will need to complete GSRS questionnaires and eligible participants may be invited to participate in a 12-week dietary intervention with follow-up assessments.		
Risk and Discomfort	:	This study involves minimal risk. Possible discomfort includes answering personal questionnaires, and mild GI effects from dietary intervention.		
Benefit	:	Participants may gain greater awareness of GI health and dietary practices. The findings may contribute to improved nutritional management strategies for athletes.		
Payment	:	Each participant will receive a token of appreciation upon completion of the participation.		
Alternatives	:	Participation is voluntary. Participants may decline or withdraw at any time without affecting the training.		
Contact Person	:	Principal Investigator: Sivanesan Rajeswaran (Tel: 012-6604685; Email: sivanesan@utar.edu.my)		

Note: 1. All volunteers involved in this study will not be covered by insurance
2. Contact person must be the principal investigator

2. Particulars of Volunteer (Volunteer Identifier/Label)
(Please use separate form if more than one volunteer)

Full Name	:			
Chinese character *(if applicable)*	:			
Date of Birth	:		Age :	
New Identity Card No.	:		Gender :	
Ethnic	:			
Blood Type	:			
Correspondence Address	:			
Telephone	:		Fax :	
Email	:			

3. Medical History

A brief medical history will be taken as detailed in **Appendix A**

4. Voluntary participation

You understand that participation in this study is voluntary and that if you decide not to participate, you will experience no penalty or loss of benefits to which you would otherwise be entitled. If you decide to participate, you may subsequently change your mind about being in the study, and may stop participating at any time. You understand that you must inform the principal investigator of your decision immediately.

5. Available Medical Treatment

If you are injured during your participation or in the course of the study or whether or not as a direct result of this study, UTAR will not be liable for any loss or damage or compensation or absorb the costs of medical treatment. However, assistance will be provided to you in obtaining emergency medical treatment.

6. Confidentiality

All information, samples and specimens you have supplied will be kept confidential by the principal investigator and the research team and will not be made available to the public unless disclosure is required by law.

7. Disclosure

Data, samples and specimens obtained from this study will not identify you individually. The data, samples and specimens may be given to the sponsor and/or regulatory authorities and may be published or be reused for research purposes not detailed within this consent form. However, your identity will not be disclosed. The original records will be reviewed by the principal investigator and the research team, the UTAR Scientific and Ethical Review Committee, the sponsor and regulatory authorities for the purpose of verifying research procedures and/or data.

By signing this consent form, you authorize the record review, publication and re-utilisation of data, information and sample storage and data transfer as described above

8. Declaration

I have read or have the information above read to me, in the language understandable to me. The above content has been fully explained to me.

I have asked all questions that I need to know about the study and this form. All my questions have been answered. I have read, or have had read to me, all pages of this consent form and the risks described. I voluntarily consent and offer to take part in this study. By signing this consent form, I certify that all information I have given, including my medical history, is true and correct to the best of my knowledge. **I will not hold UTAR or the research team responsible for any consequences and/or liability whatsoever arising from my participation in this study.**

9. Consent

If you wish to participate in this study, please sign below.

_____ _____

Signature of Volunteer IC. No.

_____ _____

Name of Volunteer Date

_____ _____

Signature of witness IC. No.

_____ _____

Name of witness Date

10. Statement of Principal Investigator

I have fully explained to the volunteer taking part in this study what he / she can expect by virtue of his / her participation. The volunteer who is giving consent to take part in this study

- Understands the language that I have used.
- Reads well enough to understand this form, or is able to hear and understand the contents of the form when read to him or her.
- Is of the age of majority of 18 or above.

To the best of my knowledge, when the volunteer signed this form, he or she understands:

- That taking part in the study is voluntary.
- What the study is about.
- What needs to be done.
- What are the potential benefits.
- What are the known risks.

A copy of this consent form has been given to the volunteer.

_____ _____

Name of Principal Investigator IC. No.

_____ _____

Signature of Principal Investigator Date

Note: *1. The principal investigator conducting the informed consent process, must sign* ***and*** *date form* ***at the same time as the volunteer****.*

Appendix A

Project Title :	Application No. *(As provided by UTAR)*	
	Volunteer Identifier / Label	

Medical History of Volunteer			
Have you ever had any of the following:		**Yes**	**No**
a	a serious illness or accident?		
b	an operation/ investigative procedure?		
c	yellow jaundice or hepatitis?		
d	tuberculosis?		
e	malaria?		
f	a tattoo?		
g	a blood transfusion?		
h	contact with any infectious disease?		
i	heart disease?		
j	high blood pressure (>140/90 mmHg)?		
k	asthma?		
l	kidney disease?		
m	diabetes?		
n	a stomach ulcer?		
Do you or family have any of the following:			
o	Cancer?		
p	Is a HIV carrier?		
q	psychiatric disease/ mental problem?		

If **human tissues samples** collected (*please complete the following*)

Sample		**Sampling**			
Identification	Type	Date	Location	Process (*if applicable*)	
				Random	Others (*please specify*)

Signature of Principal Investigator