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**Official Title:** Comparing the Efficacy of Dietary Strategies in Managing Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD): a Randomized Controlled Trial.

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## ***INFORMED CONSENT FORM***

***Title: Comparing the Efficacy of Dietary Strategies in Managing Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD): a Randomized Controlled Trial.***

Version 1.0, August 20, 2021.

**Protocol Code:** Dieta NAFLD

**Sponsor:** Department of Medical Sciences, University of Torino  
**Sponsor Contact:** Prof. Simona Bo  
**Investigative Site:** Gastroenterology Unit, A.O.U. Città della Salute e della Scienza di Torino  
**Principal Investigator:** Prof. Elisabetta Bugianesi  
Email: elisabetta.bugianesi@unito.it — Tel. 011-633 3532

I, the undersigned \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

## Participant's Statement

I have received detailed and comprehensible explanations regarding the proposed study.

I have read and understood all the information contained in the information sheet.

I have had the opportunity to speak with the physician and to ask all the necessary questions.

I am satisfied with the answers I have received.

I have had sufficient time to consider the invitation and make

I understand that I may withdraw my consent at any time (either verbally or in writing).

I understand that I may withdraw my consent at any time (either verbally or in writing), without providing any justification and without any impact on my usual medical care.

I have received a copy of the study information sheet, the informed consent form, and the information and consent form regarding the processing of personal data. The originals are kept at the study center.

I have received the information sheet to be transmitted to my primary care physician.

*I hereby voluntarily agree to participate in the above-mentioned study.*

*I consent to the collection of biological samples for the purposes and according to the procedures described in the study.*

Date

Participant's signature

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Date

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Signature of the physician providing information

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Signature of the participant's legal representative/guardian  
*(only in case of patient's inability)*