

Effects of Probiotic Supplementation on Cognitive Lapses and Gastrointestinal Symptoms in a Non-Clinical Population: A Randomised, Placebo-Controlled Trial

05/06/2025

INFORMED CONSENT FORM**(to be completed after Participant Information Sheet has been read)****Please initial to
confirm
agreement****Taking Part**

The purpose and details of this study have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Loughborough University Ethics Review Sub-Committee.

I have read and understood the information sheet and this consent form.

I have had an opportunity to ask questions about my participation.

I understand that taking part in the study has emotional distress and mild gastrointestinal symptoms as potential risks.

I understand that taking part in the project will involve ingesting supplements.

I understand that sensitive personal information on health will be collected in this study.

I understand that the personal information collected is age, gender, name & email address.

I understand that I am under no obligation to take part in the study and have the right to withdraw at any stage for any reason, without having to explain my reason for withdrawing.

Use of Information

I understand that all the personal information I provide will be processed in accordance with data protection legislation on the public task basis and will be treated in strict confidence unless (under the statutory obligations of the agencies which the researchers are working with), it is judged that confidentiality will have to be breached for the safety of the participant or others or for audit by regulatory authorities.

I understand that information I provide will be used for PhD research outputs.

I understand that personal information collected about me that can identify me, such as my name or contact details, will not be shared beyond the study team.

I understand that I will be asked to provide my email address so that the online questionnaires can be sent to me, but that my email address will be anonymised by being matched with a unique participant ID on a separate password-protected excel document.

Consent to Participate**I voluntarily agree to take part in this study.**

Name of participant [printed]_____
Signature_____
Date_____
Email_____
Researcher [printed]_____
Signature_____
Date