Patricia Sanz Morales
+44 (0) 0118 378 7764
probioticsinwellbeing@reading.ac.uk

Hugh Sinclair Unit of Human Nutrition
Department of Food and Nutritional Sciences
University of Reading
Harry Nursten,
Reading, RG6 6DZ
+44 (0)118 378 7771

Consent Form for A randomised controlled trial investigating the probiotic-mediated suppression of inflammatory cytokines as a mechanism for improving wellbeing

[Version 4 / 26/20 UREC reference number]

Participant ID number :

Please initial boxes

1. I confirm that I have read and understand the Participant Information Sheet dated 09.09.2026 version 5 for the above study, and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐

3. I have received a copy of this Consent Form via REDCap and of the accompanying Participant Information Sheet. ☐

4. I consent to blood samples being taken and providing stool and urine samples throughout the study at the times indicated on the accompanying Participant Information Sheet. ☐

5. I understand that this study has been reviewed by School and University of Reading Research Ethics Committee and has been given a favourable ethical opinion for conduct. ☐

6. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. I also understand that my study data will be preserved over the long-term so that they may be consulted and re-used by others, in accordance with the University Data Management Policy ☐

7. I consent to storage of any remaining biological samples and de-identified research data for tests in the future relating to nutrition and health, provided that the tests are approved by an ethics committee. I understand that I can withdraw my consent to store my samples at any time, without giving any reason, by asking the investigators in writing for my samples to be removed from storage and destroyed ☐

Participant details

Name of Participant: _____ DOB: _____

Signature: _____ Date: _____

Address of Participant:

_____

_____

Telephone number: _____

_____