

CONSENT FORM

Full title of Project: Glycaemic Response (GR) and Insulin Response (IR) testing of foods

Contacts:

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Please initial box

1. I confirm that I have read and understand the information sheet for the above study 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 reason.
3. I agree to take part in the above study.

☐☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Receipt of signed consent form

I confirm that I have received a signed copy of the consent form overleaf.

_____	_____	_____
Name of Participant	Date	Signature