LEEDS BECKETT UNIVERSITY
CARNEGIE SCHOOL OF SPORT

HUMAN BEHAVIOURAL NEUROSCIENCE LAB

PROCOG TRIAL CONSENT FORM

Trial Title	A Double-Blind, Placebo-Controlled Exploratory Trial of Daily Lab4P Probiotic Supplementation for Cognitive Performance and Metabolic Regulation in Young Adults with Overweight or Obesity
Short Title	**Pro**biotic impact on **Cog**nitive performance, and metabolic outcomes in young adults with overweight and obesity, shortened to **Pro-COG**
Trial Acronym / ID	ProCog/ LBU-Lab4P-ProCogTrial-2025
LREC ref number	152291
Clinicaltrials.gov Number	NCT07073781
Protocol Number & Version	V1.4 23/09/2026
Document Version	1.5
Date last updated	30/10/2026

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Instructions:
Please read each statement below and tick Yes or No to indicate your agreement. Items 1–15 relate to essential aspects of the study. Items 16–20 are optional; you can still take part in the main study if you choose not to agree to any of the optional items.

No.	Item	Please tick	
		Yes	No
1.	I have read and understood the Participant Information Sheet (Version 1.4, Date: 18/08/26). I have had the chance to ask questions, and these have been answered to my satisfaction.		
2.	I understand that taking part is voluntary and that I can withdraw at any time without giving a reason.		
3.	I understand that if I withdraw, no further data will be collected. I may ask for my identifiable data to be removed, but anonymised data already collected may still be used.		
4.	I confirm that I meet the study eligibility criteria as explained to me by the research team.		
5.	To the best of my knowledge, I am in good health and it is safe for me to take part in this study. I have told the research team about any relevant health conditions or medications.		
6.	I understand the potential risks of taking part in this study, and these have been explained to me clearly.		
7.	I understand the potential benefits of taking part in this study, and these have been explained to me clearly.		
8.	I understand that if a serious health issue is identified during screening, the research team will inform me. In a medical emergency, they may contact emergency services and share only relevant health information as necessary. For non-urgent issues, I am responsible for seeking care from my GP or another provider.		
9.	I understand that the research team may ask me to stop participating if continuing is no longer in my best interest or if I no longer meet the eligibility criteria.		
10.	I understand that my personal and research data will be stored securely on Leeds Beckett University systems and handled in line with GDPR and the Data Protection Act 2018.		
11,	I understand my data will be processed in line with GDPR and UK data protection law.		
12.	I understand that study findings may be published in scientific journals, shared at conferences, or appear in press releases or on websites, but I will not be personally identifiable.		
13.	I understand that anonymised data may be stored in a secure research database and shared with other researchers, including university		

	students, for secondary analysis, in line with data-sharing policies and ethical standards.		
14.	I agree to provide blood samples for this study. I understand they will be analysed for health markers and may be securely stored for future testing related to this study.		
15.	I confirm that the information I have provided to the research team is true and accurate to the best of my knowledge.		
	Optional items *(you can still take part in the study if you do not agree to these)*		
16.	I agree to provide stool samples for this study. I understand that I will store these samples until my final visit at week 12, and they will be analysed for gut bacteria and may be securely stored for future testing related to this study.		
17.	I agree that my anonymised blood and stool samples may be stored and used in future ethically approved research related to health, probiotics, or the microbiome. This may involve universities, hospitals, non-profits, or commercial organisations, in the UK or internationally.		
18.	I agree to receive reminder messages (e.g. to take the study supplement) via text during the study. I understand that my phone number will only be used for study-related communication and will be stored securely. **Mobile number: _____**		
19.	**I would like to receive the following via email (please tick all that apply):** ☐ A summary of overall study findings ☐ My individual results (cognitive performance, body composition, cardiovascular health, and sleep.) *Please cross out any that you do not wish to receive.* ☐ Information about future research opportunities **Email: _____**		

By signing this consent form, I agree to take part in the research study named at the top of this page.

Name of person giving consent (Please print your name here): **Date**: **Signature**:	**Researcher**: Lewis Hepburn **Date**: **Signature**: