INFORMED CONSENT FORM

Study Number:	820
Title of Study:	Time Restricted Eating and Meal Frequency for Appetite Control
Name of Participant:	
Participant number:	
Principal Investigator:	Professor Alex Johnstone

Please initial the following as appropriate:

1. I confirm that I have read and understood the information sheet for the above study (dated _____, Version _____). 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. Withdrawal from the study, for whatever reason, will not affect my legal rights. Data collected up until the point of withdrawal may still be used in analysis. ☐
3. I agree to give samples as described in the Participant Information Sheet for this study. ☐
4. I agree to my GP being sent any of my test results which fall outside of the normal range. ☐
5. I understand that my anonymised data collected during the study may be looked at by individuals from the University of Aberdeen or the regulatory authorities, if appropriate, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data. ☐
6. I agree to the storage and use of my samples for ethically reviewed and then for further 5 years to allow for potential additional analysis in future ethically reviewed and approved studies. ☐
7. I agree to transfer my samples to a bio-repository to allow for possible future use of these samples in ethically approved studies. ☐
8. I agree that I may be contacted by the study team for future ethically approved studies. I understand identifiable contact information will be kept after the end of this study and this information will be held in accordance with the data protection act. ☐
9. I agree for my electronic anonymised data to be stored “ad infinitum” on the University of Aberdeen central server with UoA Data Management guidelines. ☐
10. I agree for my paper data has been published. It is expected that paper data will be archived after 10 years following publication of the project; in line with the institutional retention schedule. ☐
11. I agree to take part in the above study. ☐

Name of Participant (please print name):	
Signature:	**Date:**
Name of person taking consent (please print name):	
Signature:	**Date:**

When completed: 1 copy for participant, 1 copy for case report file