

Informed consent forms

Participant's Full Name:.....

Age:

Address:

Personal Identification Number (PESEL):

Research Title: The Effects of Tailored Judo Training and Nutritional Counseling on Physical Fitness and Body Composition in Children With Autism: A Study Including Blood Morphology and Genetic Analysis.

- ☐ I have read the information for participants and I hereby give my voluntary consent to participate in the scientific study titled as indicated above, including exercise testing, morphological assessments, and genetic testing
- ☐ I confirm that I have been informed of the opportunity to ask questions to the researchers and to receive answers to these questions.
- ☐ I confirm that I have been informed of the right to withdraw from the study at any time without providing a reason and without any legal consequences.
- ☐ I confirm that I have accepted the terms of the civil liability insurance, about which I was informed by the researcher.
- ☐ I confirm that I have consented to the processing of my data related to participation in the scientific study by the person or entity conducting the study.

Date and Location:

Participant's

Signature:

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Legal Guardian's Signature:

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27/06/2024

Informed Consent for Genetic Testing

Participant's Full Name:.....

Age:

Address:

Personal Identification Number (PESEL):

Research Title: **The Effects of Tailored Judo Training and Nutritional Counseling on Physical Fitness and Body Composition in Children With Autism: A Study Including Blood Morphology and Genetic Analysis.**

- ☐ Isolation of the CD38 gene.
- ☐ I confirm that I have been informed about the storage of DNA and the eventual destruction of samples after the completion of the study.
- ☐ I confirm that I have been informed about the potential use of the samples for other purposes, provided that the patient's personal data is fully anonymized.
- ☐ I confirm that I have been informed of the right to withdraw from the study and to request the destruction of my DNA samples.
- ☐ I confirm that I have been informed that the research results will be made available to the patient.

Date and Location:
Signature:

Participant's

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Legal Guardian's Signature:

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