Participant Consent Form

v1.1 [2nd April 2019]

Client/Patient Full Name: ……..…….

I hereby consent to my involvement in the research project, explained previously.

- I have read the information regarding this research and I understand the reasons for this study. I understand that the purpose of this research is to improve the quality of medical care, and my involvement may not be of benefit to me. I understand that my participation in the study does not give me any rights in the research or data or results of the study.

- Information about the ways in which taking part in this research will affect me have been provided to me and my questions have been answered to my satisfaction including
    - The expected time it will take
    - The nature of any procedures being performed and the number of times they will be performed.
    - Any discomfort which I may experience.

- I understand that this study is confidential and that results from this testing will not be identified with my name and I consent for my previous medical history or biomedical test results to be included as information for this research project (if required) to be included in the research database for scientific, clinical and commercial purposes.

- I understand that my identity will be kept confidential and nothing will be published which could possibly reveal my identity.

- I understand that my involvement in the study will not affect my relationship with my medical practitioner or medical advisers. I understand that I can withdraw from the study at any stage without having to give a reason, and that by withdrawing it will not affect my relationship with or my treatment by my medical practitioner or medical advisers or by any clinic or hospital in the future.

- I give consent to the laboratory involved to collect my stool specimen blood and urine and/or saliva and for this to be analysed for biological substances and DNA and/or RNA and/or genetic fragments. I also consent to my biological samples (including blood for DNA analysis), to be stored for these purposes for a period of 5 years from the date of sampling.

- I give consent for the Service provider to provide information to my medical practitioner, including full or part copy of laboratory test results (“Report(s)”), and I give my medical practitioner permission to receive such information.

- I will endeavour, to the best of my ability, to complete this study, which will involve an initial assessment and if necessary, I will follow-up with six-monthly assessment, for a period of 2 years.

Client/Patient Declaration

I have had sufficient time to review this informed consent document and my consent is given voluntarily.

Client/Patient Signature: …… Date: ……..

(OPTIONAL) I would like to receive $50 to cover travel expenses during this research: ☐

Witnessed by

Witness Name: ……

Witness Contact Details: ……

……

Witness Signature: …… Date: ……..

Clinician/Investigator

Clinician/Investigator Name: ……

Clinician/Investigator Signature: …… Date:……..