**Consent form: The Fruit Juice study**

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| Dr Micheal Netzel | Queensland Alliance for Agriculture and Food Innovation (QAAFI), The University of Queensland |
| Dr Kent Fanning | Agri-Science Queensland,  Department of Agriculture, Fisheries and Forestry (DAFF) |
| Ezinne Korie (Student Researcher) | School of Health Sciences (UoW)ekorie@uow.edu.au |

This study is being conducted by the above researchers from the University of Wollongong and the Illawarra Health and Medical Research Institute.

* I understand that my participation in this research is voluntary, and I am free to refuse to participate and free to withdraw from the research at any time. I understand that refusing to participate or withdrawing my consent will not affect my treatment or my relationship with the University of Wollongong or the Illawarra Health and Medical Research Institute in any way.
* I have read the participant information sheet for the plum juice study and understand what is required of me. I have been given opportunity to discuss this study with the researchers.
* I understand that data collected from this study will be used in journal publications and I consent for it to be used in that manner.
* I understand that this study will run for a duration of 20weeks
* I understand that I will be required to attend the study facility on 5 different occasions (3hours per visit) throughout the study period.
* I understand that on each occasion I will be required to wear an ambulatory blood pressure monitor for 24 hours.
* I understand that the blood and urine samples collected at each interview will be stored at the University of Wollongong for analysis at a later date.

By signing below I am providing consent and agreeing to the following at each appointment and afterwards:

* Consume 200ml fruit juice daily for 8 weeks per beverage;
* Provide blood and urine samples;
* Wear an ambulatory blood pressure monitor for 24 hours
* Have my weight, height and blood pressure measured;
* Complete some short tests of memory and mental functioning;
* Complete a 3-day food record as well as 24h diet recall on each clinic visit.

Please tick the box if you consent to this

……………………………………………………………………………………..

Name (please print)

…………………………………………………….. Signature (Participant)

......../…...../….....

Date

**If you would like to discuss this research further please do not hesitate to contact Karen Charlton on (02) 4221 4754.**

**If you have any enquiries regarding the conduct of the research please contact the Secretary of the University of Wollongong Human Research Ethics Committee on (02) 4221 4457 and quote study number HE16/278**