

School of Sport, Exercise and Rehabilitation Sciences

Participant Consent Form

Study Title: 'Running blue': The effects of blueberry intake on cerebrovascular and cognitive responses to exercise in low and high-fit young adults (ERN_19-1574PA8)

Investigators: Dr Catarina Rendeiro, Dr Sam Lucas, Prof. Claire Williams, and Mr Alexander Friend

Participant Name:

Date of Birth:

Participant Address:

Email Address:

Mobile Phone:

Please read the statements carefully and initial the boxes if you agree.

Initial each box

1. I have read the study information sheet (ERN_19-1574PA8) and have discussed the experiment with one of the above named investigators, who have explained the procedures to my satisfaction. ☐
2. I understand that I am volunteering to participate in the experiment by my choice and that I may stop and withdraw from the experiment at any time. ☐
3. I confirm that I have not been treated for any cardiovascular, metabolic, neurological or respiratory conditions in the past. ☐
4. I confirm that I do not have any allergies to berries to the best of my knowledge and I have informed the investigator(s) of any other food allergies I have. ☐
5. I understand that the data collected during the study may be looked at by responsible individuals from the University of Birmingham where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data and understand that any information will be kept strictly confidential. ☐
6. I understand that my digital data will be stored for a minimum of 10 years in accordance with University of Birmingham policies on password protected systems accessible only to research personnel associated with this study. I agree to this. ☐
7. I understand that my questionnaire data will be stored for a minimum of 10 years in accordance with University of Birmingham policies in a locked cabinet only accessible to the research personnel associated with this study. I agree to this. ☐
8. I would like to receive a summary of the study findings (tick ✓ your response)
YES ☐ NO ☐ ☐
9. I agree to the arrangements described in the Information Sheet as they relate to my participation. I agree to participate in this study. ☐

Name of Participant (PRINT)

Date

Signature

Name of Researcher (PRINT)

Date

Signature