

THE SCIENTIFIC ETHICAL COMMITTEE SYSTEM

(S4)

Informed consent to participate in a health science research project.

Title of the research project: What role does morning or afternoon exercise play on food intake among individuals with overweight or with overweight and type 2 diabetes.

Declaration from the participant:

I have received written and oral information, and I know enough about the purpose, methods, benefits, and disadvantages to agree to participate.

I understand that participation is voluntary, and that I can withdraw my consent at any time without losing my current or future rights to treatment.

I consent to participate in the research project and to the collection of my biological material for storage in a research biobank. I have received a copy of this consent form and a copy of the written project information for my own use.

Participant's Name: _____

Date: _____ Signature: _____

If any new significant health information arises about you during the research project, you will be informed. If you do not wish to receive information about new significant health findings, please mark here: _____ (check)

Would you like to be informed about the project's results and any potential implications for you?

Yes _____ (check) No _____ (check)

Declaration by the person providing information:

I declare that the participant has received oral and written information about the research project.

In my opinion, sufficient information has been given to make a decision about participation in the trial.

Name of the person providing information: _____

Date: _____ Signature: _____

Standard Consent Form prepared by The Scientific Ethical Committee System, August 2016.

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Declaration from the participant regarding information about future research projects:

By signing, I agree that staff at Steno Diabetes Center Copenhagen and their collaborators may send me information about research projects that they deem relevant for me to participate in.

I understand that participation is always voluntary, and I can always decline to participate.

My information will not be shared with third parties.

I can withdraw this consent at any time without losing my current or future rights to treatment.

Participant's Name:

Participant's Contact Information (email/phone)

Date: _____ Signature: _____

Project Identification: H-22019913

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