The effect of MitoQ on the recovery of muscle function following eccentric exercise

CONSENT FORM

I have read and I understand the Participant Information Sheet and wish to take part in the research entitled “The effect of MitoQ on the recovery of muscle function following eccentric exercise” which is designed to investigate the effects of MitoQ on recovery of muscle function and levels of muscle damage following exercise.
I have had the opportunity to discuss this research with the investigator. I am satisfied with the answers I have been given.

1. I have had the opportunity to use support from a family (whanau) member or a friend to help me ask questions and understand the research.
2. I understand that taking part in this research is voluntary (my choice), and that I may withdraw from the research at any time and this will in no way affect my future or continuing health care.
3. I understand that blood and urine samples will be collected
4. I understand that I will be asked to complete a questionnaire, which will provide the researchers with information on my health
5. I understand that some of my samples may be sent overseas
6. I understand I am to complete a 3-day food diary during the intervention
7. I understand that the treatment or investigation will be stopped if it should appear harmful to myself.
8. I understand the risks associated with partaking in this research.
9. I have had time to consider whether to take part.
10. I know whom to contact if I have any side effects from the research.
11. I know whom to contact if I have any questions about the research.
12. I agree not to restrict the use of any data or results that arise from this research provided such a use is only for scientific purpose(s).

I ____________________________(Print name) consent to participate in the study “The effect of MitoQ on the recovery of muscle function following eccentric exercise”

______________________________ (Signature) ______________________ (Date)

Participant to complete: Please circle as appropriate

| I wish for a karakia to be said at the time of my tissue disposal | Yes | No |
| I wish to receive a copy of the results. I understand that there may be a specific delay between data collection and the publication of the research results | Yes | No |
| I understand that my tissue samples may be stored for up to 10 years and some of the samples may be sent overseas. | Yes | No |

Email (if you would like a copy of the research outcomes): ________________________________

Consent form (Version 1) - The effect of MitoQ on the recovery of muscle function following eccentric exercise
2/04/2019
The effect of MitoQ on the recovery of muscle function following eccentric exercise

CONSENT FORM

Participant to complete:
I ________________________________ Print full name
of ________________________________ Print address

____________________________________________________________________
hereby consent to take part in this research which is designed to investigate the effect of MitoQ on recovery of muscle function and levels of muscle damage following exercise.

____________________________________________________________________
Signature of Participant
____________________________________________________________________
Date

Research Personnel to complete:

____________________________________________________________________
Full name of Principal Investigator
____________________________________________________________________
Signature of Principal Investigator
____________________________________________________________________
Contact telephone number for PI

Research Personnel to complete:

____________________________________________________________________
Project explained by
____________________________________________________________________
Project role
____________________________________________________________________
Signature
____________________________________________________________________
Date

A copy of this consent form is to be given to the participant and to be kept in their research file.

This research was approved by Northern B Health and Disability Ethics Committee. Reference Number 19/NTB/40.