CONSENT FORM TO PARTICIPATE IN RESEARCH INVOLVING HUMAN VOLUNTEERS

HESPER-HEALTH

Orange Juice and Hesperidin - Their Vascular Health Benefits: A Randomized Controlled Crossover Human Study

Principal investigator

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I undersigned

Mrs, Miss, Sir (cross out unnecessary terms) (name, first name) ……..

Born __ __ / __ __ / __ __ __ __

Address ……

Declare that the Doctor (name, first name, telephone) …… .. …… …… offered to participate in the aforementioned study; he explained me the protocol and detailed in particular:

- the objective, the method, and the duration of the study

- the constraints and potential risks incurred

- my right to refuse to participate and to withdraw my consent at any time without having to justify myself

- my obligation to register to French social security

- that, if I wish I would be informed by the investigating doctor at the end of the protocol of the overall results

- that an exclusion period of 7 days is defined in this protocol

- that the South-East III Committee for the Protection of Persons (CPP) issued a favorable opinion on February 2, 2021.

- that the promotor, the Clermont-Ferrand University Hospital, took out insurance covering this research.

- that I am not placed under judicial protection,

- that I must have sufficient time before signing this consent,

- that it was clear to me that I could oppose the conservation of my samples and their re-use for medical or scientific research programs aimed to improve scientific knowledge:

- ☐ I agree with the fact that the biological samples taken from me being stored and used for research purposes.
- ☐ I am opposed with the fact that the biological samples taken from me being kept and used for research purposes.

Study information collected by the investigator is treated confidentially. I accept that this data may be subject to anonymous computer processing. I have noted that the right of access provided for by the law of August 6, 2004 relating to data processing, files and freedoms is exercised at any time with the doctor who follows me in the context of research and who know my identity. I can exercise my right of rectification and opposition with this same doctor, who will contact the research sponsor. After having freely discussed and obtained answers to all my questions, I freely and voluntarily agree to participate in this research involving the human person under the conditions specified in the information and consent form.

Name and first name of the subject: …… ……..

Date: _ _ / _ _ / _ _ _ _

Signature preceded by the words "Read and understood":

Name of the investigator: ……..

Date: _ _ / _ _ / _ _ _ _

Signature:

This document must be produced in 2 copies, the original of which must be kept by the investigator, the first copy must be given to the person giving his consent.