

Study Participant ID Number:



INFORMED CONSENT FORM

PRINCIPAL INVESTIGATOR: Dr Carol Flavell
PROJECT TITLE: Reliability and validity of salivary cortisol levels of healthy adults measured using a point of collection analysis method
COLLEGE: Healthcare Sciences

I understand the aim of this research study is to **investigate the accuracy of measuring levels of the hormone cortisol by collecting saliva samples from adults**. Measuring the levels of cortisol in adults is important in the understanding of an individual's stress levels. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve placing three **sponge tipped swabs under my tongue until they are soaked with saliva**, and I agree that the researcher may use the results as described in the information sheet.

(Please tick to indicate consent)

I consent to providing my date of birth and email address, which is personal information necessary to this research.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to providing a saliva sample.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that my saliva sample will be kept in a confidential way and disposed of 30 days after sample collection.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I have read and understood the consent form and participant information sheet.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I acknowledge that taking part in this study is voluntary and I am aware that I can cease participation at any time without explanation or prejudice and that I can withdraw any unprocessed data I have provided.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I acknowledge that any information I give will be kept strictly confidential and no names will be used to identify me in the study without my approval.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name: <i>(printed)</i>	
Signature:	Date:
Email:	
Date of Birth: __/__/__	