

## CONSENT FORM

**Project:** *The Gut-Brain Axis in Huntington's Disease*

**Chief Researchers:** Professor Julie Stout & Dr Yifat Glikmann-Johnston

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I have been invited to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
I understand the nature and procedures of this study as detailed in the Explanatory Statement,	<input type="checkbox"/>	<input type="checkbox"/>
The data obtained in this study is for the purposes of research and that my data will not be personally identifiable,	<input type="checkbox"/>	<input type="checkbox"/>
That my participation in this study is voluntary and I am able to withdraw at any time without negative consequences to me,	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my participation in this study involves attending two testing sessions and a short screening session; conducted at Monash University, Clayton as outlined in the Explanatory Statement,	<input type="checkbox"/>	<input type="checkbox"/>
I agree to consume the probiotic supplement provided to me, daily for 6 weeks,	<input type="checkbox"/>	<input type="checkbox"/>
I agree to provide two stool samples, one for each testing session	<input type="checkbox"/>	<input type="checkbox"/>
I agree to provide a saliva sample	<input type="checkbox"/>	<input type="checkbox"/>
That my data will be de-identified and kept confidential for 5 years.	<input type="checkbox"/>	<input type="checkbox"/>

**Name of Participant** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_