

INFORMED CONSENT FORM (PARTICIPANTS COPY)

Research Project: Immune modulation mechanisms in healthy human volunteers following influenza vaccination and daily supplementation of palm tocotrienol-rich fraction (vitamin E)

Chief Investigator: Dr Badariah Ahmad Professor Dr Ammu K Radhakrishnan

I have been asked 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:			No		
The data/tissue samples that I have provided during this research may be used by the Investigating team to test for other identified biomolecular markers once funds are available					
In the event of there being an incidental finding, I would like to be advised of:					
(i)	Any diagnostic findings				
(ii)	Any incidental findings				
(iii)	Only those adverse findings that would usually lead directly to treatment				
In the event of there being an incidental finding, I would like to be advised of any diagnostic/incidental/adverse findings to be discussed with me by my: -					
(i)	Usual family doctor				
(ii)	Another doctor of your choice				
(iii)	Or by a member of the research team				

Participant

Signature:

IC number:

Name

Date

Investigator	conducting	informed	consent:
meetigater	oonaaoung	monica	001100111.

 Signature:
 IC number:

 Name
 Date



INFORMED CONSENT FORM (INVESTIGATOR COPY)

Research Project:	Immune	modulation	mechanisms	in	healthy	human	volunteers
	0		accination and on (vitamin E)	da	ily suppl	ementat	ion of palm

Chief Investigator:Dr Badariah AhmadProfessor Dr Ammu K Radhakrishnan

I have been asked 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:			No		
The data/tissue samples that I have provided during this research may be used by the Investigating team to test for other identified biomolecular markers once funds are available					
In the event of there being an incidental finding, I would like to be advised of:					
(iv)	Any diagnostic findings				
(v)	Any incidental findings				
(vi)	Only those adverse findings that would usually lead directly to treatment				
In the event of there being an incidental finding, I would like to be advised of any diagnostic/incidental/adverse findings to be discussed with me by my: -					
(iv)	Usual family doctor				
(v)	Another doctor of your choice				
(vi)	Or by a member of the research team				

Participant	t
-------------	---

Signature:

IC number:

Date

Name

Investigator conducting informed consent:

 Signature:
 IC number:

 Name
 Date