

Consent was obtained from all subjects using this form.

**MILK-DERIVED GANGLIOSIDES AS NOVEL ANTI-INFLAMMATORY THERAPY FOR
INFLAMMATORY BOWEL DISEASE**

CONSENT FORM

Principal Investigator:

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Co-Investigators:

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Dr. Alan Thomson, Dept of Medicine, University of Western Ontario

Please circle your response to the following questions:

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the attached Information Sheet? Yes No

Do you understand the benefits and risks involved in taking part in this
research study? Yes No

Have you had an opportunity to ask questions and discuss this study? Yes No

Do you understand that you are free to refuse to participate or withdraw from
the study at any time? You do not have to give a reason and it will not affect
your continuing medical care. Yes No

Has the issue of confidentiality been explained to you? Do you understand
who will have access to your records, including personally identifiable health
information? Yes No

Do you want the investigators to inform your family doctor that you are
participating in this research study? If so, give his/her name _____ Yes No

This study was explained to me by: _____

I agree to take part in this study.

Signature of Research Participant

Date

Witness

Printed Name

Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to
participate.

Signature of Investigator or Designee

Date