

**Stefan cel Mare University of Suceava**

**Research Study Consent Form**

**1. What is this study about?** This research study is being performed to evaluate the sensory attributes of [product]. You are being asked to participate as we require data from sensory evaluation in order to completely characterize these products. Taking part in the study will require approximately 15 minutes of your time. You cannot take part in this study if you have allergies in terms of [product]. This study will involve [number] untrained panelists of the [Department/Faculty/University].

**2. What will I be asked to do if I am in this study?** If you participate in the study, you will be asked to evaluate [number of samples of product]. For each sample, you will complete a sensory analysis based on [color, odor, taste, elasticity, sweetness, appearance, biting, and overall acceptability].

**3. Are there any benefits to me if I am in this study?** The potential benefits to you for taking part in this study are to learn more about the sensory properties of [product]. There are no direct benefits from being part of this study.

**4. Are there any risks to me if I am in this study?** No.

**5. Will my information be kept private?** The data for this study are being collected as confidential coded survey. All analysis, storage and dissemination of the data will be confidential and unlinked. The analysis of the data obtained through the sensory analysis will be done using statistical methods that do not allow the disclosure of any information about the person or your opinions. In case of data publication, no individual information will be disclosed.

**6. Are there any costs or payments for being in this study?** There will be no costs to you for taking part in this study.

**7. Who can I talk to if I have questions?** If you have questions about this study or the information in this form, please contact the researcher(s).

**8. What are my rights as a research study volunteer?** Your participation in this research study is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

**9. What does my signature on this consent form mean?**

Your signature on this form means that:

- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns
- The researcher has responded to your questions and concerns

- You believe you understand the research study and the potential benefits and risks that are involved.

**Statement of Consent**

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

Name of Participant:

Signature of Participant:

Date:

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research.
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this research.

Name of Person Obtaining Informed Consent:

Signature of Person Obtaining Informed Consent:

Date: