

The IFF G Squared Trial

INFORMED CONSENT FORM

IRAS ID: 354296

Trial Site: Lindus Health

Participant Identification Number for this trial:

Title of Project: A Probiotic Strain for Metabolic Health and Well Being: A randomised placebo controlled pilot trial

Chief Investigator: Dr John Luke Twelves

Sponsor: Danisco Sweeteners Oy, a wholly owned subsidiary of International Flavors & Fragrances Inc, (IFF)

Part 1: Clinical Consent

		Please initial box
1	I confirm that I have read the information sheet dated 12 September 2025 (version 7.0) for the above study. I have had the opportunity to consider the information, ask questions and these have answered satisfactorily.	
2	I understand that my data collected during the trial may be looked at by individuals from Lindus Health, IFF or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
3	I consent to being contacted by the research team for the purposes of trial follow up and I understand that this will require me to provide my contact details to the research team and organisations supporting the research team to deliver the trial.	
4	I consent that my faecal samples and some of the blood samples will be sent to IFF labs outside UK (Finland and Denmark) for analysis and will also be destroyed at the end of the study.	
5	I understand I will be required to self-administer the assigned trial capsule daily for the trial duration.	
6	I understand that I will be required to attend the three clinic visits. I agree to completing trial activities as required including providing stool and blood samples, wearing a CGM device, and completing trial questionnaires.	
7	I agree to my General Practitioner being informed of my participation in the study.	
8	I understand that my name and contact details will be shared with third parties to enable them to conduct necessary trial procedures e.g. supply me with a CGM device, the trial product and stool sample kits	
9	(OPTIONAL) I consent to Lindus Health Limited using my health data to improve, develop and create new products and services. This may include using this data to: improve the study that I am taking part in;	

	improve planning for future studies	
10	I understand that my personal data will be retained for at least 12 months from trial completion before it is deleted, or longer if required by regulation related to clinical trial activity. For example, any research documents with personal information, such as consent forms, will be held securely for 10 years after the end of the study as per trial regulation.	
11	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I agree to take part in the above study and if I choose to withdraw, data already collected will continue to be used.	
	ADDITIONAL (optional, not required for study participation)	
12	I am willing to be contacted about providing additional stool samples after the completion of the trial for the purposes of further research that may result in microbial isolates to be used to design a commercial strategy or product. (Consenting for future use of samples is optional and will not affect your study participation.)	

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person seeking consent	Date	Signature