



CONSENT FORM

I, , give consent to my participation in the research project
Name (please print)

TITLE: D-Lactic acid and D-lactic acid producing bacteria in patients with chronic fatigue syndrome

In giving my consent I acknowledge that:

1. The procedures required for the project have been explained to me, and any questions I have about the project have been answered to my satisfaction;
2. I have read the INFORMATION FOR PARTICIPANTS and have been given the opportunity to discuss the information and my involvement in the project with family and /or friends.
3. I understand that involvement in the project is voluntary, and that I can withdraw from the project at any time, without affecting my relationships with the researcher(s) now or in the future.
4. I understand that my involvement is strictly confidential and no information about me will be used in any way which reveals my identity.
5. I understand that once the consent form is signed and returned, the form will be retained by the researchers

The Investigators:

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Signed: **Date:**

Name: