

PARTICIPANT CONSENT FORM

QUT Ethics Approval Number 7414

Research Team

Prof Gene Tyson	Principal Investigator	Dr Asha Bowen	Associate Investigator
Dr Simon McIlroy	Associate Investigator	Prof Benjamin Howden	Associate Investigator
Dr Ben Woodcroft	Associate Investigator	Dr Elise Pelzer	Associate Investigator
Dr Allison McInnes	Associate Investigator	Dr Emily Hoedt	Associate Investigator
Ms Charlotte Vivian	Biobank Manager	Dr Alexei Chklovski	Associate Investigator
Dr Peter Sternes	Associate Investigator	Ms Melody Dobrinin	PhD Student
Dr James Volmer	Associate Investigator	Ms Camila Pintos	PhD Student
Dr Kaylyn Tousignant	Associate Investigator	Ms Annie Xu	PhD Student
Dr Suzanne McCusker	Associate Investigator	Ms Katherine Barlow	PhD Student
Prof Trent Munro	Associate Investigator	Ms Siobhan Ingram	Research Assistant
Prof Fiona Wood	Associate Investigator	Ms Ana Astorga Alsina	Research Assistant
Prof Gerald Holtmann	Associate Investigator	Ms Madeleine Yule	Research Assistant
Dr Páraic Ó Cuív	Associate Investigator	Ms Vidya Gummagatta	Research Assistant
Dr Nicola Angel	Associate Investigator	Dr Pam Engelberts	Postdoctoral Fellow

Statement of Consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this research project.
- Have had any questions answered to your satisfaction.
- Consent to having microorganisms collected from your samples and associated data stored in a biobank beyond the immediate study and understand that these microorganisms and data may be used in future studies.
- Consent to being re-contacted by the study team in the future.
- Understand that if you have any additional questions, you can contact the research team.
- Understand that you are free to withdraw without comment or penalty.
- Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on +61 7 3138 5123 or email humanethics@qut.edu.au.
- Agree to participate in the research project.

Name _____

Signature _____

Date _____

Please return the signed consent form to the researcher.