INFORMED CONSENT FORMS

Official Title of the Study:

The Brain, the Bug, and the Binge: a double-blind, randomized controlled trial investigating the interplay between binge drinking, gut microbiota and brain functioning.

NCT ID: not yet assigned

Date: June 2, 2023







University of Minho School of Psychology Research Center in Psychology (CIPsi) Psychological Neuroscience Laboratory Campus de Gualtar 4710-057 Braga Tel: +351 253 601 398

Research Project reference: PTDC/PSI-ESP/1243/2021

Principal Investigator (PI) and Research Team: Dr. Eduardo López Caned (PI); Dra. Clarisse

Nobre

INFORMED CONSENT FORM

COPY FOR THE PARTICIPANT

- 1) I confirm I have read and understood the informative document that was delivered to me, with all the information regarding the study in which I am participanting, and that I had the opportunity to raise questions and doubts about it.
- 2) I confirm the research team had provide me clear answers to all my questions and doubts.
- 3) I understand that I am free to leave the study at every moment, without justification, and without any consequences.
- 4) I understand and agree that my personal identification data and the data obtained trhough the course of the research study will be kept in separate archives, therefore guaranteeing its safety, and that the team members with access to the data will respect their confidentiality.
- I, therefore, consint that my data are stored and/or exported to external databases in order to be analyzed, understading that, in any circumstance, information regarding my identity will not be disclosed.
- 6) I understand that the presente study does not have a diagnostic purpose and, consequentely, I will not receive na individual report with my data/results.
- 7) I consint to participate in the abovemnetioned study.

Participant name:	
Researcher name:	
• •	ing this consent (if different from the researcher):
Nate:	Particinant Code







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COPY FOR THE RESEARCHER

- 1) I confirm I have read and understood the informative document that was delivered to me, with all the information regarding the study in which I am participanting, and that I had the opportunity to raise questions and doubts about it.
- 2) I confirm the research team had provide me clear answers to all my questions and doubts.
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Participant name:	
Researcher name:	
Name of the person responsible for co	llecting this consent (if different from the researcher):
Date:	Participant Code [.]