

INFORMED CONSENT FORM

This is an informed consent form related to a scientific research dealing with testing plant and endophyte extracts against tumor growth *in vitro*, using as a control of cytotoxicity human peripheral blood mononuclear cells from healthy adults. The sample volume will be 20 mL to 30 mL for each experiment (three experiments will be performed).

I, _____, confirm that (please check box as appropriate):

1.	I have read and understood the information about the project, as provided in the Information Sheet dated _____.	<input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and my participation.	<input type="checkbox"/>
3.	I voluntarily agree to participate in the research.	<input type="checkbox"/>
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	<input type="checkbox"/>
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymization of data, etc.) to me.	<input type="checkbox"/>
6.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.	<input type="checkbox"/>
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input type="checkbox"/>
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	<input type="checkbox"/>
9.	Select only one of the following: <ul style="list-style-type: none">I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this research can be recognised.	<input type="checkbox"/>
		<input type="checkbox"/>
10.	I, along with the Researcher, agree to sign and date this informed consent form.	<input type="checkbox"/>

Participant's Signature

Print Name

Date

Researcher's Signature

Print Name

Date