**INFORMED CONSENT FORM (PARTICIPANTS COPY)**

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| **Research Project:** | Alterations in skin hydration, moisture and genomic in patients with dry skin conditions following daily oral palm tocotrienol and squalene (STGAIA) supplementation. |
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| **Chief Investigator:** | **Dr Kasthuri bai Magalingam** |

I have been asked to participate in the abovementioned Monash University research project. I have read and understood the Explanatory Statement and hereby consent to participate in this project.

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| I consent to the following: | Yes | No |
| The doctor performs the following procedures for this research:   1. Collection of personal details and conduct of physical examination 2. Skin, hair and nail assessments using equipment and taking photographs for the purpose of medical investigation. 3. Collect sebum and blood samples. |  |  |
| I will take the STGAIA supplement as advised by the doctor. |  |  |
| The Investigating team may use the data/tissue samples I have provided during this research to test for genetic alterations during supplementation with STGAIA. |  |  |
| In the event of there being an incidental finding, I would like to be advised of: | | |
| 1. Any diagnostic findings |  |  |
| 1. Any incidental findings |  |  |
| 1. Only those adverse findings that would usually lead directly to treatment |  |  |
| In the event of there being an incidental finding, I would like to be advised of any diagnostic/incidental/adverse findings to be discussed with me by my: - | | |
| 1. Usual family doctor |  |  |
| 1. Another doctor of your choice |  |  |
| 1. Or by a member of the research team |  |  |

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| **Participant** | | | |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **IC number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone No:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

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| **Investigator conducting informed consent** | | | |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **IC number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone No:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

**INFORMED CONSENT FORM (INVESTIGATOR’S COPY)**

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| **Chief Investigator:** | **Dr Kasthuri bai Magalingam** |

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| **Participant** | | | |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **IC number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Investigator conducting informed consent.** | | | |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **IC number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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