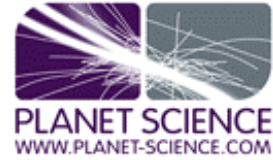




The Placebo Effect: Do You Believe Your Teacher?

Consent Form



INFORMATION SHEET

Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Date: _____

Study title

The effects of a caffeinated cola drink.

Invitation paragraph

We are asking if you would agree to take part in a research project to find the answer to the question "what are the effects of drinking caffeine?"

Before you decide if you want to join in it's important to understand why the research is being done and what it will involve for you. So please read this sheet carefully.

Why are we doing this research?

We are looking into the effects of caffeine on how people perform in reaction time tests, memory tests and to check heart rates.

What is the medicine, drug, device or procedure that is being tested?

No medicine, drug, device or procedure! Just a drink of cool, refreshing caffeinated cola. But *please* let us know if you have an allergy to caffeine. It may be that you will be in the control group, in which case you may not have any caffeine at all. This is the placebo: a "dummy treatment", looks like the real thing, but contains no active ingredient.

Why have I been asked to take part?

You have been chosen because we want to see the results of this experiment on our friends in other classes. The decision to take part is up to you.

What will I have to do?

During the course of the research you will be expected to have a drink. Before and after this drink you will be required to do a selection of tests to measure your pulse rate, reaction times, to test your memory and perhaps to look into how shaky your hands are!

We may wish to interview you, and video/photograph you, so for this we will need your permission, and these materials will all be kept confidential. All information on you will be kept confidential.

The results of this study will be collated and presented within our science lesson.

Who is organising and funding the research?

Class _____ is organising the research. Our science teacher is funding it!

What are the possible benefits of taking part?

The chance for us to conduct an experiment like real clinical scientists!

Contact Details: For further information please contact:

If you are worried about anything in this study, you should ask to speak with the researchers who will do their best to answer your questions. If you're still unhappy and wish to make a formal complaint, you can do this through your science teacher. But why would you want to do that? Hmm?

Thank you for taking the time to read this, and for your help. To show that you've agreed, please sign the consent form now.

Participant Identification Number for this trial: _____

CONSENT FORM

Title of Project: _____

Name of Researcher: _____

Please initial box

1. I confirm that I have read and understand the information sheet dated for study mentioned above. I have read through the Information sheet, asked questions and have had these answered perfectly.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that data collected during the study, may be looked at by responsible individuals from _____ (Form/Class), and from regulatory authorities (Science Teachers) where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I agree to my teacher being informed of my participation in the study

5. I agree to take part in the above study.

Name of Participant

Date

Signature

Researcher

Date

Signature

One copy of this form to be retained by participant, another by researcher.