University of Helsinki Appendix Department of Food and Environmental Sciences For the department

P O Box 66 (Agnes Sjöbergin katu 2)

**INFORMED CONSENT TO PARTICIPATE IN SENSORY RESEARCH**

**Sensory research: general principles**

In sensory research, information of food characteristics and human responses to foods are gathered. This information is collected through the senses by looking, touching, smelling and tasting of food samples or their ingredients. At the beginning of a sensory test, the purpose of the research is explained to the panelist. After the test, a briefing session is arranged, in which the objectives and results are reported. If the assessor is unable come to this feedback meeting, s/he may request information by email or post. All foods and ingredients assessed in the sensory laboratory meet the requirements of food legislation. All data collected from the assessors are managed in the strictest confidence.

**General principles of the consent**

With this consent, assessor agrees to comply with the given instructions for the test, as precisely as possible. The assessor has the right to refuse the participation in the test. The assessor may cancel his/her participation whenever s/he wants without a reason for cancelation and without pressure to continue against his/her will.

**Information of the research that assessor agrees to participate in, by signing this consent** *(to be completed for each specific test series)*

Name of the research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period, in which tests are conducted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Samples, quality and amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swallowing of samples: Yes/No/Part\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact persons (name and tel.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent**

I have received sufficient information concerning this research and I have understood the information provided. I agree to act as an assessor in this research. I have informed the personnel of my allergies and diet.

Helsinki, \_\_\_\_.\_\_\_\_.201\_\_

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in block letters

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_