PATIENT CONSENT FORM

I ____________________________ the undersigned. Understand and agree that a sample of my blood may be used in this study to measure vitamin C, cortisol, epinephrine, norepinephrine, dopamine, ferritin and CRP levels. The purpose of this study is to determine the relationship between vitamin C and these other variables.

I am also assured that:

1. my blood will not be used for any other purpose other than these experiments;

2. my name, personal particulars or medical history will not be divulged to anyone outside the research team;

3. total confidentiality is guaranteed;

4. I may withdraw from this study at any time without providing reasons for doing so.

Patient signature ____________________________ Date:

Doctor signature ____________________________ Date:

Witness signature ____________________________ Date: