



## **Human Performance Research Laboratory**

### **Informed Consent for Body Composition, Blood Panel, & Cardiorespiratory Exercise Test**

#### **Explanation of the Tests**

An evaluation of your cardiorespiratory fitness and health may involve one or more of the following tests (circled):

- 1) A body composition test which will require a skinfold test and/or circumference measurements
- 2) A blood chemistry test that will require a minimal blood withdrawal to determine blood lipids, fasting glucose and blood hematology
- 3) An incremental exercise test until volitional fatigue and exhaustion. The exercise will start at low intensity and increase in intensity until exercise can no longer continue. The exercise test may stop at any time due to signs of fatigue and/or change in heart rate, electrocardiogram, and blood pressure.

#### **Attendant Risks and Discomforts**

##### *Body Composition Test*

The skinfold test requires the use of a skinfold caliper. The use of skinfold technique may cause some discomfort while measuring the skinfold site due to the slight pinching required by the procedure. Every effort will be made to minimize the discomforts of the skinfold test. In case the skinfold test is unsuccessful, an alternative method such as waist circumference will be used.

##### *Blood Chemistry*

Drawing blood from a vein with a sterile needle is associated with risks of infection, pain and bruising. You might get light headed or develop a bruise at the sampling site (10%). Risk of infection will be minimized by using sterile technique and by following aseptic procedures. If any adverse reactions occur due to the blood draw, you will be referred to your personal physician and/or the CSUS Student Health Center.

##### *Cardiovascular Exercise Test*

Prior to the exercise test, the placement of electrocardiogram electrodes on the skin requires the preparation of the skin with a mild abrasive. The mild abrasion and/or the electrode gel may cause skin irritation. During the exercise test there are certain changes to be expected. They include increases in heart rate, blood pressure, breathing rate, local muscular fatigue, and sweating. There exists a possibility that certain abnormal changes may occur during this test these include abnormal blood pressure, fainting, irregular heart rate, and in rare instances heart attack, stroke, or death. Every effort will be made to minimize the risks by pre-evaluation of your health and fitness status. Emergency equipment and qualified personnel are available to deal with unusual situations that may occur.

**Responsibilities of the Participant**

The information you provide about your health and well being may affect the safety and value of your cardiorespiratory fitness and health evaluation. It is important to provide any unusual feelings/discomforts during the cardiorespiratory fitness and health evaluation. The accurate reporting of your health and unusual symptoms that you may experience during the evaluation will minimize the occurrence of any adverse events and aid in evaluating your health. Your full cooperation is appreciated during these procedures. All tests are voluntary and you may request to stop the procedures at any time.

**Benefits to be Expected**

The results obtained from your cardiorespiratory fitness and health evaluation will be used to make recommendations to improve your well being, quality of life and/or your exercise performance. The recommendations may provide helpful strategies to lower your cardiovascular disease risk profile, manage your body composition, improve your overall fitness and/or increase your exercise performance.

**Inquiries**

Any questions regarding the procedures used or questions regarding your results are encouraged. If you have any concerns or questions, please ask us for further explanation.

**Freedom of Consent**

Your permission to perform this cardiovascular fitness and health evaluation is voluntary. You are free to stop the testing at any point. The information gained from your evaluation will be kept confidential and will not be released or revealed to any persons without your written consent. However, the information obtained may be used for scientific purposes with your right to confidentiality retained.

I have read this form and I understand the test procedures that I will perform and the attendant risks and discomforts and having had the opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this test.

Date\_\_\_\_\_ Signature of Patient\*\*\_\_\_\_\_

Date\_\_\_\_\_ Signature of Laboratory Supervisor\*\*\_\_\_\_\_

\*\*Additional approval form required by physician if subject is classified either as moderate or high risk for CVD or is equal to or greater than 45 (male) or 55 (female).