

Appendix VI

CONSENT FORM

I agree to participate voluntarily in the community health study entitled “Effect of supplementation of probiotic and synbiotic fermented milk in diets of institutionalized elderlies (60 yrs and above) ”.

I understand the study will involve:

- a) The filling up of questionnaire regarding my health behavior and psychological status.
- b) Anthropometry measurements and blood pressure measurements
- c) Daily intake of probiotic fermented milk or synbiotic (probiotic curd+ 15 g of inulin addition) fermented milk (curd) during lunch hours for 45 days.
- d) A fasting blood sample of 5ml for biochemical analysis.
- e) A fecal sample for microbiological analysis

I understand that I will be informed of the results of the test (even if they are abnormal) when they are ready. In addition I understand the information obtained from me be kept strictly confidential.

Date:

Signature:

Name:

Witness:

Signature:

Name:

Designation: