Informed Consent Template

BIO-001 / HRV and salivary-cortisol research
Working Draft 0.1 / July 28, 2026

TEMPLATE - NOT IRB APPROVED. This form cannot be used to recruit or enroll participants. Complete all study-specific fields and obtain IRB approval before use.

STUDY CONTACTS

Role	Contact
Study title	BIO-001: Old Glory Peak Field Program and Longitudinal Psychophysiology
Study lead	Jesse Gawlik / Whole Body Foundation / jesse@wholebody.foundation
Qualified principal investigator	To be named before IRB submission.
IRB contact	To be provided in the IRB-approved version.
Emergency contact	Call 911 for a medical emergency; study-specific contact to be provided.

INVITATION

You are invited to consider a research study about physiological measurements and participation in a field-station program. This template explains the proposed study. The approved consent form may differ. Please ask questions before deciding.

WHY IS THIS STUDY BEING DONE?

The proposed study will examine whether participation in the Old Glory Peak field-station program is associated with changes in resting heart-rate variability and salivary cortisol over time, compared with a matched control community. The study is observational and cannot prove causation.

WHY MIGHT I BE ELIGIBLE?

The proposed study is intended for adults age 18 or older. Final eligibility, health exclusions, medication considerations, and control-matching requirements will be listed in the IRB-approved version.

WHAT WILL HAPPEN IF I JOIN?

- You may be asked to wear a Polar H10 chest strap while resting for a 5-minute heart-rate variability recording up to three times each week.
- You may be asked to provide a morning and evening saliva sample using a Salivette collection tube once each month.
- You may be asked brief questions about collection time, sleep, exercise, caffeine, nicotine, illness, and medications that may affect interpretation.
- If you are in the field-program group, attendance, activity type, duration, and environmental conditions may be recorded.
- The final study duration, number of visits, sample size, and compensation will appear in the IRB-approved form.

WHAT ARE THE RISKS OR DISCOMFORTS?

- The chest strap may cause temporary tightness, discomfort, or skin irritation.
- Saliva collection may cause minor discomfort, embarrassment, or a dry-mouth sensation.
- Questions about health or behavior may feel private or uncomfortable. You may skip any question when the approved protocol allows.
- There is a risk of loss of confidentiality whenever information is collected. The study will use coded IDs, restricted access, and minimum necessary data to reduce that risk.
- Unknown or unexpected risks are possible. The approved version will describe adverse-event reporting and whom to contact.

ARE THERE BENEFITS?

You may receive no direct benefit. The study may contribute to knowledge about field-program participation and physiological measurements. No health improvement is promised.

DO I HAVE TO PARTICIPATE?

No. Participation is voluntary. You may decline or stop without penalty or loss of benefits to which you are otherwise entitled. The approved form will explain what happens to information and specimens already collected if you withdraw.

HOW WILL MY INFORMATION BE PROTECTED?

- Research records will use a coded study ID. The identity key will be stored separately.
- Identifiable files will be kept in access-controlled offline storage available only to approved study personnel.
- Reports and open datasets will use de-identified or aggregated information. Rare combinations or sensitive locations may be withheld.
- Complete confidentiality cannot be guaranteed. The approved form will list who may inspect records, including the IRB and regulators when applicable.

WHAT HAPPENS TO MY SALIVA SAMPLE?

The approved form must state where samples are stored, how long they are retained, who can access them, whether they may be used for future research, and how they are destroyed. No future use is authorized by this working template.

COSTS, PAYMENT, AND INJURY

The approved form must state whether there are costs, compensation, reimbursement, medical treatment, or compensation for research-related injury. Do not assume payment or coverage until those terms are approved in writing.

QUESTIONS OR CONCERNS

For study questions, contact jesse@wholebody.foundation. The approved form will include the qualified principal investigator and an independent IRB contact for questions about participant rights.

CONSENT SIGNATURES

By signing the final IRB-approved version, you confirm that you read the form, had an opportunity to ask questions, received satisfactory answers, and voluntarily agree to participate. Signing this working template does not enroll anyone.

Participant	Signature	Date / time
Printed name: _____	_____	_____

Person obtaining consent	Signature	Date / time
Printed name: _____	_____	_____

Legally authorized representative, if applicable	Relationship	Signature / date
Name: _____	_____	_____

DOCUMENT CONTROL: Replace this page with the IRB-stamped consent form after approval. Record the approved version number and date on every copy used for consent.