

Panelist # _____ (completed by staff)

International Flavors & Fragrances
Consumer Test Center
Phone 732 335-2845
1515 State Highway 36
Union Beach, NJ 07735

The information requested in this form is necessary for the purposes of this program. Please answer all questions as fully as possible. This form will be kept confidential. Unless otherwise required by law, it will only be made available to the investigators and/or collaborators.

Name: First _____ MI _____ Last _____

Address: _____

City _____ State _____ ZIP _____

Telephone Number(s): **Primary** _____ **Alternate** _____

Email Address: _____

Date of Birth: Month _____ Day _____ Year _____ **Gender** (Check One) Female Male

To participate as a Panel Member, you must meet the following requirements:

1. Must agree to answer truthfully all the questions that may affect your eligibility to participate in the study.
2. **MUST:**
 - a. **Between 18 & 60 years of age and have freely and without reservation agreed to participate in this study.**
 - b. **NOT have any known food allergies, food sensitivities and/or diet restrictions.**
 - c. **NOT have known allergy or sensitivity to chemicals in fragrances, cosmetics or house hold products**
 - d. **NOT have a medical condition that necessitates the administration of nasal medications**
 - e. **NOT have asthma**
 - f. **NOT be diabetic**
 - g. **NOT be pregnant or nursing.**
 - h. **NOT have a medical condition that requires medications that may alter your taste or smell of products**
 - i. **Will inform a Consumer Test Center (CTC) staff member immediately if there are any changes to the above**

(continue)

3. Must report any problems or concerns to a CTC staff member during or after testing as soon as possible.
4. Agree to keep any products and concepts confidential and will not discuss test once completed.

In addition to reading this summary, you will be given the opportunity to ask questions about the program. Answers to such questions (if any) must meet your satisfaction. If not, please advise the Panel Leader until you are satisfied or you can decline participation in the study.

IFF will not disclose your medical information to any third party or use your medical information for any purpose other than the consumer testing.

Panel Member Consent:

I have read and understood all of the above Informed Consent information and certification statements, and I voluntarily consent to participate in this study. I understand that I may terminate my participation in this study at any time. I also understand that I may be terminated from participation on panels if I fail to meet any of the above-stated requirements.

Signature: _____

Date: _____

How did you hear about IFF?

_____ Friend _____ Family _____ Facebook _____ Twitter _____ University Official
_____ Other (please specify) _____