



Faculty of Agricultural and Food Sciences

Department of Food and Human Nutritional Sciences

262 Ellis Building
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Tel 204-951-5018
soodv@myumanitoba.ca

We are recruiting volunteers to participate in a research study on the acceptability of fresh bison steaks treated with oregano and rosemary essential oils. This letter explains what your commitment would be with more details found in the attached consent form. If you have any question please call me during weekdays from 8:30 am to 4:30 pm or prior to the tasting session, Vipasha Sood at +1 204-951-5018 or soodv@myumanitoba.ca

Approximately 120 participants will take part in one 30-45-minute session in an individual booth. You can sign up for any single session being held on the dates and times as follows:

On a Tuesday January 23th at 12:30 pm, 1:30 pm or 2:30 pm
On a Wednesday January 24th at 12:30 pm, 1:30 pm or 2:30 pm
On a Thursday January 25th at 12:30 pm, 1:30 pm or 2:30 pm

A \$ 10 gift card from the University of Manitoba Bookstore will be given to each participant as honorarium. Panelists can withdraw from the study at any point prior to receiving their gift card, by notifying the researchers by e-mail, telephone or in person. To all those that have started the study, a \$ 10 gift card will be given at the completion of the one-time sensory session irrespective of their level of participation. The study will take place in the Sensory Lab at the Food Science Building.

If you have any allergies to any food product, dismiss this advertisement. Unfortunately, you will not be allowed to participate in the study due to the potential risk involved.

If you are interested in helping us with this research notify Vipasha Sood at +1 204-951-5018 or soodv@myumanitoba.ca to schedule a time to attend the session. Please complete the attached consent form and e-mail them back before the session to confirm your attendance.

This research has been approved by the **Joint-Faculty Research Ethics Board** at the University of Manitoba. If you have any concerns or complaints about this project, you may contact the above-named person or the Human Ethics Coordinator – humanethics@umanitoba.ca at 204-474-7122.

We hope that you will be able to take part in this research and look forward to hearing from you. Alternatively, if you know of anyone else that might be interested in participating we would appreciate it if you could forward this information to him or her. Thank you.
Thank you very much for considering our request.

Sincerely,

Vipasha Sood

M.Sc Student

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Argenis Rodas-Gonzalez

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CONSENT FORM

Research Project: Title: Improving shelf life of fresh bison steaks treated with oregano and rosemary essential oils

Researchers: Dr. Argenis Rodas-González, Professor (telephone: +1-204-474-9523, e-mail: Argenis.RodasGonzalez@umanitoba.ca), Dept. of Animal Science, and Vipasha Sood, Master Student (telephone: +1 204-951-5018 or e-mail: soodv@myumanitoba.ca), Department of Food and Human Nutritional Sciences.

This consent form, a copy of which will be left with you for your records and reference, is only a part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. Please take the time to read this carefully and to understand any accompanying information. If you would like more detail about something mentioned here, or information not included, you should feel free to ask the researchers who can be contacted on the information given above.

The study is being done to evaluate the acceptability of bison steaks treated with oregano and rosemary essential oils. Participants will be requested to evaluate not more than 3 samples (≈50g each sample) to describes how much they like or dislike them in terms of tenderness, juiciness, flavour, overall acceptability and how often they would eat them. In order to describe our group of volunteers, subjects will also check the appropriate descriptor regarding gender, age and how often they eat red meats. Participants can withdraw at any time prior to May 2018 by notifying Vipasha Sood or Dr. Argenis Rodas-González by e-mail, telephone or in person. Should this occur all data gathered will be destroyed immediately. After this point of time, it will be no longer possible for us to remove data as it will be anonymized and analysed by then.

The panelist understands that:

- I will **not be allowed** to participate in this study if there is a **possible risk of allergic reactions** to food products eaten. It is my responsibility to alert the researchers or delegate (Vipasha Sood or Dr. Argenis Rodas-Gonzalez) for any potential allergic risk.
- It is my **right** to withdraw participation at any time.
- My role in this study is one of a **sensory panelist** and I will consume samples and **rank palatability** traits for flavor, juiciness and tenderness & overall like of bison meat as part of a scientific research project.
- I understand that this study will **begin (began) in January 2018**.

Participant initials_____

- I will spend participating in this study (tasting samples and filling out evaluation forms) approximately **30-45 min**. I will be informed if additional participation time will be necessary.
- I will spend that time **evaluating bison samples** and answering a few questions along with evaluating the bison meat.
- The benefit of participating in this study is the advancement of research in meat science and that **no risks are involved** with participation in this study above the inherent risks associated with consuming fresh meat product.
- My participation in this study is **confidential** and that my name will be entered as a code in data analysis to ensure confidentiality.
- My participation in this study is **completely voluntary** and that I may decide to discontinue participation at any time.
- All meat products used in this study have been **inspected** and passed by the **Canadian Food Inspection Agency (CFIA)**.
- I will be compensated for my participation. At the end of the tasting session, I will **receive \$10 gift card** and will be asked to sign a form confirming its receipt. I will still receive the gift card even if I discontinue my participation during the tasting session at any time.

All data from experimental sessions as well as personal information provided by the subjects will remain confidential and be stored in a locked cabinet in Room 229 Animal Science Building. It will be shredded on or before December 2022 (approximately 5 years after ethics approval). Personal data will be accessible to the delegate only. Data published will be given as group means with no individual names given. The researchers intend to publish and present the findings in reports, Master Science thesis and in academic journals. The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/Assurance office may also require access to your research records for safety and quality assurance purposes.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. This study is being conducted by Vipasha Sood, Master Student (telephone: +1 204-951-5018 or e-mail: soodv@myumanitoba.ca), Department of Food and Human Nutritional Sciences and Dr. Argenis Rodas-González, Professor (telephone: +1-204-474-9523, e-mail: Argenis.RodasGonzalez@umanitoba.ca), Dept. of Animal Science, Faculty of Agricultural and Food Sciences.

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Participant's Initials _____

Participant's Name (Please Print) _____

Participant's Signature _____ Date _____

Telephone Number _____ E-mail Address _____

Researcher and/or Delegate's Signature _____ Date _____

I wish to receive a summary of the research findings:

Please check

Yes No

If Yes

By e-mail or ground mail _____

(Please Print Your Preferred Address)

Panelist Number _____

Researcher and Delegate's contact information:

Vipasha Sood

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