

SUPPORTING INFORMATION

Figure S1. Free and informed consent term in the form of an invitation to assessors of cosmeceutical formulations - Acceptance test (English version)

Dear Sir/Madam:

We would like to invite you to participate in the survey "Use of microencapsulated coffee oil in products", carried out at the Department of Food Science and Technology/UEL, Londrina-Paraná. The objective of this stage of the research is to evaluate some characteristics and acceptance of two cosmeceutical formulations in the form of creams with coffee for use in the eye area. Your participation is very important, and you will participate as a member of a panel that will receive and apply the creams daily and describes the impressions regarding the application and treatment functions of the products at the end of the analysis period. The session will take place in your home, and you will have to apply the formulation for 28 days in the morning. We would like to clarify that your participation is voluntary, and you may refuse to participate, or even withdraw at any time without this entailing any cost or personal harm. It is also emphasized that the information will be used only for the purposes of this research and will be treated with the most absolute secrecy and confidentiality, to preserve your identity. The expected benefit is to evaluate the creams regarding their use effect during this period. We inform you that you will not pay or be remunerated for your participation, but we guarantee that all expenses arising from the research will be reimbursed, when due and arising specifically from your participation in the study. In case of any problem, the researchers undertake to support it. If you have questions or need clarification, you can contact us (Bruna Raquel Böger, brunaraquel12@gmail.com and Profa Dra Marta de Toledo Benassi, DCTA/UEL, martatb@uel.br, 55 (43) 3371-5970), or contact the Committee of Ethics in Research Involving Human Beings at the State University of Londrina, Rodovia Celso Garcia Cid, Km 380 (PR 445), located next to LABESC – Laboratório Escola, on the University Campus, telephone (43) 55 3371- 5455. This term must be completed in two copies of equal content, one of which, duly completed and signed, is delivered to you.

Name: _____

Contact phone/email: _____

Londrina, ___ of _____, 20 .

_____. _____ (full name of the research subject), having been duly informed about the study procedures, I agree to voluntarily participate in the research.

Signature (or fingerprint): Date:

Figure S2 – Photo of the kit elements delivered to the assessors for sensory analysis of the formulations.

