

CONSENT FORM (Group C) (version 1)

NB. This form must be completed and signed by the research participant in the presence of someone with knowledge of the research designated by the Principal Investigator. This may be a doctor, nurse, clinical research assistant or other member of the research team who must countersign the form as witness to the participant's signature

Patient Identification Number for this study: _____

Please initial box

1. I confirm that I have read and understood the information sheet dated **May 19, 2014 (version 1)** for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I confirm that I am aware that I will need to attend the hospital or clinical research facility on 1 occasion.

3. I understand that my participation is voluntary and that I am free to withdraw my consent at any time without giving any reason, without any medical care or legal rights being affected.

4. **I understand that:**
 - My GP will be informed that I am taking part in this research study.

 - Information about my diabetes can be accessed from my health records by the research team.

 - My blood samples will be anonymised and stored indefinitely.

 - Information regarding any abnormal measurements will be communicated to my GP and/or hospital physician.

 - The information I provide and data about me will be stored indefinitely on secure electronic databases, which can be accessed by researchers who are members of the DIRECT consortium, which includes pharmaceutical companies, and by members of the scientific research community. This information will *not* include my name, NHS number or address.

 - My past and future clinical /NHS record data may be linked to the study data in an anonymised way.

DIRECT: GLP-1

- My blood samples and anonymised data may be used in future projects by other researchers, including commercial companies, into diabetes and related conditions including genetic studies on DNA as described in the Information Sheet.

5. I understand that the University of Dundee and NHS Tayside, as joint sponsors to this research, may require access to my medical records for study monitoring purposes only thereby ensuring that the research is properly conducted and the interests of those taking part are adequately protected.

6. I understand that I am allowing transfer and storage of a specimen of my samples including the hereditary information DNA and RNA for analysis in medical research on the assumption that it is free of any legal claim on my part and without expectation of personal financial gain.

I agree to take part in the above study.

OPTIONAL

The following is optional and you can take part in everything else without agreeing to these.

I agree/do not agree (**PLEASE CIRCLE**) to being contacted in the future by the study team to discuss possible participation in further research into diabetes and related conditions. I understand that this does not commit me in any way to taking part in further research.

Participant Name (PRINT)

Date

Signature_____

THANK YOU for agreeing to take part in this research

I confirm that the nature of the research, the required additional procedures and the voluntary nature of the study have been explained in terms understandable to the patient.

Name of person taking consent (PRINT)

Date

Signature_____