

Genetic Beta Cell Research Bank
Consent Form for Adults (Version 1 01.09.2017)

Consent Statements	Please Circle
I have read the Information Sheet about the Genetic Beta Cell Research Bank (version 1, 01/09/2017) and have had opportunity to ask questions.	YES / NO
I agree to the donation of the following samples. A fresh blood sample (up to 4 teaspoons) Access to a blood sample already taken for clinical purposes A saliva or mouth swab sample A urine sample	YES / NO YES / NO YES / NO YES / NO
I understand that these samples are a gift to the Genetic Beta Cell Research Bank and may be used for any research deemed appropriate by the Steering Committee.	YES / NO
I agree for NHS staff to access medical information related to the samples donated.	YES / NO
I understand that relevant sections of my medical notes may be looked at by individuals from regulatory authorities monitoring the management of this tissue bank.	YES / NO
I understand that samples can be withdrawn from the bank at any point.	YES / NO
I am happy to be contacted about future research	YES / NO

Person Obtaining Informed Consent		
Name	Signature	Date
Donor Consent (or assent where applicable)		
Name	Signature	Date