

CONSENT FORM: Providing consent for testing to determine the cause of diabetes

I have given a blood sample to allow testing to be performed on my blood. I understand that this testing will be only for the purpose of determining the cause of diabetes that affects myself or a member of my family. The sample will not be used for any other purpose.

Date

Person's full name

Date of birth

The details of the testing have been explained by:

NAME (Print)

Signed

Consent by parent or guardian for testing to determine the cause of diabetes in a child less than 16 years old

Date

Child's full name (Print)

Date of birth

I have given permission for a blood sample to be taken from my child to allow testing to be performed. I understand that this testing will be only for the purpose of determining the cause of diabetes in my child or a member of my family. The sample will not be used for any other purpose.

Parent or Guardian's full name (Print)

Signed

The details of the testing have been explained by:

NAME (Print)

Signed