

**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 .....