

Improving Clinical Care in Diabetes Study

Consent Form V1.0 (15/01/2018)

Attach Sample Barcode Set Label Here

Participant ID

CONSENT STATEMENTS	YES / NO (Please circle)
I confirm that I have read and understood the current participant information leaflet and Frequently Asked Questions and I agree to take part.	YES / NO
I agree to: <ul style="list-style-type: none"> allow samples leftover from my routine clinical care to be used for research and DNA to be extracted from my blood. allow the research team to access relevant sections of my health records and to contact my clinical care team about my research participation. 	YES / NO
I understand that: <ul style="list-style-type: none"> individuals from regulatory authorities, or the Royal Devon & Exeter NHS Foundation Trust will have access to data collected during the study, and relevant sections of my medical notes, for monitoring and audit purposes. 	YES / NO
OPTIONAL CONSENT STATEMENTS	
I agree to complete the optional study questionnaires	YES / NO / N/A
I agree to donate a research blood sample (relevant to face to face visits only)	YES / NO / N/A
I understand and agree that personal details will be shared with NHS Digital to obtain information held by them and the Office for National Statistics in order to follow up on my future health status (see FAQs for more details).	YES / NO
I agree that the research team may contact me about future research.	YES / NO
I agree to transfer my research samples and non-identifiable data collected during this study to the Peninsula Research Bank (PRB). Please refer to FAQ's for details about the PRB.	YES / NO

PARTICIPANT NAME (PRINT)	SIGNED	DATE
RESEARCHER NAME (PRINT)	SIGNED	DATE

Note to Consenting Researcher:

Please ensure that one signed copy of this consent form is handed to the participant, together with a copy of the participant information leaflet. A further signed copy of this consent form will be placed in the study site file.