

## STARTRIGHT Study

### Getting the right classification and treatment from diagnosis of diabetes

Consent Form v2.3 (01/11/2017)

Attach Sample Barcode Set Label Here

Participant ID

CONSENT STATEMENTS	YES / NO (Please circle)	PARTICIPANT INITIALS
I confirm that I have received the participant information leaflet (all cohorts at selected sites v1 19/09/2017) and have had the opportunity to ask questions and have had these answered satisfactorily.	YES / NO	
I am happy to: <ul style="list-style-type: none"> <li>• donate blood and urine samples collected during this study, and for DNA to be extracted from my blood sample.</li> <li>• allow samples leftover from my routine clinical care to be used for diabetes research tests.</li> <li>• provide information about my diabetes and other information relevant to my participation in the study.</li> <li>• allow the research team to contact my clinician/GP about my participation in the study and to provide them with clinical results relevant to my care, including tests for genetic causes of my diabetes. This information may be shared with you and your clinician both now and in the future.</li> <li>• allow the study team to have access to relevant sections of my medical notes that are relevant to my taking part in the study.</li> </ul>	YES / NO	
I understand that: <ul style="list-style-type: none"> <li>• individuals from regulatory authorities, or the Royal Devon &amp; Exeter NHS Foundation Trust (the study sponsors) will have access to data collected during the study, and relevant sections of my medical notes, for monitoring and audit purposes.</li> <li>• my participation is voluntary and that I may withdraw at any time without giving any reason and without my clinical care being affected.</li> </ul>	YES / NO	
<b>OPTIONAL CONSENT STATEMENTS</b>		
I am happy to complete the optional study questionnaires	YES / NO	
I agree that information held by the NHS and in my medical records may be used to follow up on my future health status.	YES / NO	
	<b>YES / NO</b>	<b>PARTICIPANT</b>

OPTIONAL CONSENT STATEMENTS continued	(Please circle	INITIALS
I agree to gift samples and data, collected during this study and as part of my routine diabetes care, to the Peninsula Research Bank and understand that they may be used in future research. I understand that these studies will be approved by a steering committee and my samples will not be used for any of the following: Sold for profit, used in animal research, used in research into the termination of pregnancy or reproductive cloning, screened for markers predictive of disease, with the exception of genetic causes of diabetes (see item 4 above). My samples may be provided anonymously to researchers from the UK and abroad including academic organisations and commercial companies.	YES / NO	
I am happy for my contact details to be used by the StartRight research team to inform me about future studies and I give consent for NHS-based staff to access my medical records to check my eligibility for future research	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.*