

## Genetic Beta Cell Research Bank

Consent form where diagnostic testing is being carried out  
(Version 1 01.09.2017)

1. I understand that my sample will be used only for diagnostic and research purposes relevant to myself and others in my family. Please Tick
2. I also consent for my sample to be used for future research into all forms of genetic diabetes and other beta cell conditions, whether or not it is of direct clinical benefit to me. Please Tick: Yes  No
3. I am also happy to be contacted about research into genetic diabetes and you may contact me directly at:

Name: .....

Address: .....

.....

Telephone: .....

Email: .....

Signed by patient/guardian/advocate .....

Date: .....

For more information (and patient information sheets) please see  
[www.diabetesgenes.org/content/genetic-beta-cell-research-bank](http://www.diabetesgenes.org/content/genetic-beta-cell-research-bank)