

Consent form where diagnostic testing is being carried out

The request form for genetic testing will be updated to include the following statements.

1. We understand that our samples and clinical information will be used only for diagnostic and research purposes relevant to ourselves and others in my family. Pick tick: ☐
2. We also consent for our samples and clinical information to be saved in the Genetic Beta Cell Bank for use in future research into all forms of genetic diabetes and other beta cell conditions, whether or not it is of direct clinical benefit to us. Tick here for consent: ☐
3. We are also happy to be contacted about research into genetic diabetes and you may contact me directly using these detail: Tick here for consent: ☐

Name: Address: Telephone: Email:

- I confirm: I am the patient ☐
- I am signing this form on behalf of someone else (children, adults without capacity or deceased patients) ☐
- I am the healthcare professional recording the patient's choices and consent has been recorded remotely, no patient signature ☐

Name of patient/guardian/advocate

Electronic signature:

Date:

For more information (and patient information sheets) please see <https://www.diabetesgenes.org/current-research/genetic-beta-cell-research-bank>