

**Genetic Beta Cell Research Band:  
Consent Form for Consultees (Version 1 21/11/2022)**

Consent Statements	Please Circle
I confirm that I have read and that I understand the Information Sheet about the Genetic Beta Cell Research Bank (version 1, 21/11/2022) and I have had an opportunity to ask questions.	YES / NO
I consent that biological material, which has been removed as a necessary part of the donor's routine clinical care may be used for research purposes.	YES / NO
I agree to the donation of the following samples. A fresh blood sample (up to 6 teaspoons) A saliva or mouth swab sample A urine sample Any other sample of biological material provided that such removal is safe and does not create any detrimental effects for me.	YES / NO YES / NO YES / NO YES / NO
I agree that the Hospital may store the above biological material in the Genetic Beta Cell Research Bank and that routine clinical information about the donor's case may also be stored on the laboratory database.	YES / NO
I understand that these samples are a gift to the Genetic Beta Cell Research Bank and that the donor's biological material and routine clinical data may be supplied anonymously to NHS, university or commercial organisations, provided the purpose of the intended research is to improve patient care and is deemed appropriate by the Steering Committee.	YES / NO
I agree for NHS staff to access medical information related to the samples donated.	YES / NO
I understand that relevant sections of donor medical notes may be looked at by individuals from regulatory authorities monitoring the management of this tissue bank.	YES / NO
I understand that further genetic testing may be undertaken on my samples to investigate the cause of my beta cell related condition (diabetes or hyperinsulinism).	YES / NO
I understand that samples can be withdrawn from the bank at any point.	YES / NO
I am happy for the donor to be contacted about future research	YES / NO
<b>(Optional)</b> I agree to additional blood to be taken during subsequent routine care, provided that such removal is safe and does not create any detrimental effects for the donor.	YES / NO

Person Obtaining Informed Consent		
Name	Signature	Date
Donor Consent (or assent where applicable)		
Name	Signature	Date
Consultee Declaration Statement		
In my opinion the patient is happy to participate in this project		
Name	Signature	Date