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STUDY NAME: MUGGLE

CI: Professor Richard Oram Version: 3.0 26.10.2023

Sti**mu**lated **g**luca**g**on as a biomarker of hypoglyca**e**mia risk in Type 1 diabetes

Participant ID: MU -

Adult Participants CORE CONSENT STATEMENTS		Please circle answer	Please initial
I have been given the study information leaflet (Version 4, 26.10.2023). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.		YES / NO	
 I agree, for the duration to the study, to: allow the research team to contact my clinicians/GP to verify details about my health/treatment, advise my study participation, and to provide them with clinical results relevant to my care. allow the research team to obtain information about my health that is relevant to the study, via my hospital medical records and/or my clinician/GP. provide blood samples for analysis, including genetic studies using DNA. Samples will be stored for the duration of the study. 		YES / NO	
I understand that my participation is voluntary and that I may withdraw at any time without giving any reason, without my medical care or legal rights being affected.		YES / NO	
 I understand that: individuals from the study team, University of Exeter, regulatory authorities, or the UK NHS Trust, will have access to relevant sections of my medical notes and data collected during the study for research, monitoring and audit purposes. I give permission for these individuals, with training in data protection, to have access to my records for the duration of the study. the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers indefinitely after the end of the study, via a sponsor and funder-approved data repository. 		YES / NO	
I agree to take part in this research study.		YES / NO	
OPTIONAL CONSENT STATEMENTS			
I agree to gift my samples and anonymised data from the project to the Peninsula Research Bank (PRB), managed by the NIHR Exeter Clinical Research Facility, to be used for future research.		YES / NO	
I am happy to be contacted by the Peninsula Research Bank (PRB) about participating in other future studies, requiring my contact details to be kept on a secure database managed by the PRB indefinitely or until I ask for them to be deleted.		YES / NO	
I agree that information held by the Exeter Molecular Genetics Laboratory and in my medical records may be used to follow up on my future health status for 15 years after the end of the study.		YES / NO	
ARTICIPANT NAME (PRINT) SIGNED		DATE	
RESEARCHER / CLINICIAN - I confirm that I have obt	ained valid informed consent fr	om the above	person.
NAME (PRINT)	SIGNED	DATE	

IRAS: 319581