

ARC-T1D Study – Assessing Remote Confirmation of Type 1 diabetes

CONSENT FORM v2.0 Date: 10/09/2024

Study ID

Please initial the boxes to confirm your agreement to each statement		
1.	I confirm that I have read the information sheet dated xx/xx/xxxx (version XX) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected.	<input type="checkbox"/>
3.	I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	<input type="checkbox"/>
4.	I understand that anonymised information collected in this study will be used to support other research in the future, and may be shared with other researchers for the purposes of healthcare improvement. Other researchers will not know who I am as my name will be replaced with a code number and any other information that could identify me will be removed.	<input type="checkbox"/>
5.	I agree to my diabetes clinical care team being involved in the study, including any exchange of information (relevant to my diabetes) about me between them and the research team.	<input type="checkbox"/>
6.	I agree to take part in the study (as detailed in the information sheet provided)	<input type="checkbox"/>
Your Agreement To The Following Statement Is Optional And Declining Will Not Prevent You From Taking Part In This Study:		
7.	I would like to be contacted about other research studies and for my contact details to be held on a secure database for that purpose	<input type="checkbox"/>

PARTICIPANT NAME (Please Print)	SIGNATURE	DATE

Please return one signed copy of the consent form with your finger-prick sample.

Please keep the other copy with your study information for future reference.