

DARE

Diabetes Alliance for
Research in England

Royal Devon and Exeter **NHS**
NHS Foundation Trust

STUDY NAME: DARE

Participant ID

Version: 1 Exeter (31/03/2014)

CONSENT STATEMENTS

Please circle as
appropriate

1. I confirm that I have the DARE Information leaflet and have had the opportunity to ask questions, and have had these answered satisfactorily. YES / NO
2. I am happy to participate in this study by providing information about my diabetes for use in this project and allowing the research team to contact my clinicians about medical information relevant to this project YES / NO
3. I am happy to provide blood and urine samples for use by this study and for DNA to be extracted from my blood sample. YES / NO
4. I understand that my participation is voluntary and that I may withdraw at any time without my clinical care being affected. YES / NO
5. I give permission for individuals from regulatory authorities or the NHS Trust to have access to relevant sections of my medical notes and data collected during the study, relevant to my taking part in research. YES / NO

OPTIONAL STATEMENTS

6. I am happy to gift samples taken during this study and as part of my routine diabetes care, and associated data, to the Peninsula Research Bank for future research. I understand this research will be approved by a Steering Committee and my samples will not be used for any of the following: sold for profit; used in animal research; used in research into the termination of pregnancy or reproductive cloning; screened for markers predictive of disease (e.g. Huntingdon's). My samples may be provided anonymously to researchers from the UK and abroad including academic organisations and commercial companies. YES / NO
7. I agree that information held by the NHS and in my medical records may be used to follow up on my future health status YES / NO
8. I am happy for my contact details to be used by the recruiting researchers to inform me about future studies and I give consent for NHS-based staff to access my medical record to check my eligibility for future research. YES / NO

PARTICIPANT NAME (PRINT)

SIGNED

DATE

RESEARCHER

I confirm that I have obtained valid informed consent from the above patient, I am trained in this process and am on the delegation log for this study to take consent

NAME (PRINT)

SIGNED

DATE