

**Department of Diabetes Research**

Prof. Melanie J Davies MD FRCP Diabetes & Endocrinology, Principal Investigator  
 Diabetes Research Team, Leicester Royal Infirmary 0116 2586439

*Leicester Royal Infirmary*

**Let's Prevent Study Consent Form** **Version 6.1, 9<sup>th</sup> December 2009**

Principal Investigator: Professor MJ Davies, Honorary Consultant Physician, Diabetes

Study ID

Please initial box

1. I confirm that I have read and understand the patient information sheet **v6.1, dated 9<sup>th</sup> December 2009** for the above study and have had the opportunity to ask questions
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my medical or legal rights being affected
  
3. I understand that sections of my medical notes may be looked at by responsible individuals from the PREVENTION team or from regulatory authorities where it is relevant to me taking part in research. I give permission for these individuals to have access to my records
  
4. I agree to take part in the above study 
  - i. I consent for some of my blood samples to be stored for up to 10 years Yes  No
  - ii. I consent for my stored samples to be used for future genetic research relating to diabetes. I understand this is a free choice and does not affect my participation in the study Yes  No
  - iii. I consent for my stored samples to be transferred to a biobank after 10 years of being stored if they have not been used Yes  No
  - iiii. I understand that information held by the NHS and records maintained by the General Register Office may be used to keep in touch with me and follow up my health status. Yes  No
  - V I agree to being contacted with details of future research into diabetes and my details to be stored on a computer database for this purpose Yes  No

\_\_\_\_\_  
Name of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Let's Prevent team member taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Three copies required: 1 copy for patient; 1 copy to be kept with patient pack, 1 copy for GP notes**