STOP diabetes

PERSONAL CONSULTEE ADVICE FORM
(Version 1, 1st June, 2012) INSERT STUDY ID:

Please give your opinion on what the past and present wishes and feelings the person who lacks capacity would have been about taking part in the above study.

Please initial in each box

Please note that as a personal consultee you must not be connected to the above research project, or be under any influence by a member of the research team.

1. ☐ I confirm that I have read and understand the information sheet (Version 1, dated: 01/06/2012) for the STOP Diabetes study, and understand what it means to be a personal consultee. I have had the opportunity to consider the information, ask questions, and have had these answered to my liking.
2. ☐ I understand that I am free to change my opinion on what the participant would have wished for and felt about this study at any time, without the participant's care or rights being affected.
3. ☐ In my opinion, the participant would have provided consent for their GP (doctor) to be informed of their participation in the STOP Diabetes study and be sent copies of their biomedical results collected as part of this study.
4. ☐ In my opinion, the participant would have provided consent for relevant sections of their medical notes and/or data collected during the study to be looked at by individuals from the study team, the sponsor, the NHS Trust or from regulatory authorities where it is relevant to their taking part in this research.
5. ☐ In my opinion, the participant would have provided consent for researchers from the STOP Diabetes study to have access to their NHS medical records for additional data collection that is relevant to this current research study.
6. ☐ In my opinion, the participant would have provided consent for researchers from the STOP Diabetes study to have access to any health records held on them by their residential home, day centre or other care establishment, for additional data collection that is relevant to this current research study.
7. ☐ I understand that any information collected during the study may be used in future reports, articles or presentations by the research team and that names will not appear anywhere.
8. ☐ In my opinion, the participant would like to take part in the STOP Diabetes study.

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9. ☐ In my opinion, the participant would consent for an extra blood sample to be taken for genetic testing. I understand that the blood will be stored and tested at the end of the study. **(optional)**
10. ☐ In my opinion, the participant would consent to being approached with information about the next stage of the STOP Diabetes study if they are found to be at high risk of developing diabetes. I understand that this involves the development and testing of a lifestyle education programme. **(optional)**
11. ☐ In my opinion, the participant would give permission for the Diabetes Research Team to have access to their NHS medical records for long-term follow-up data collection in the future. **(optional)**
12. ☐ In my opinion, the participant would like to receive a summary of the results of the study and agree to them being posted to the address on the participant pack. **(optional)**
13. ☐ In my opinion, the participant would give permission for retention of their contact details for contact at a later stage for invitation to participate in follow-up or related studies. **(optional)**

Name of research participant .....

Relationship to participant .....

Name of Consultee ..... **Signature**..... **Date** .....

Name of Researcher ..... **Signature**..... **Date** .....

(3 copies; 1 researcher, 1 general practice, 1 personal consultee)