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The ADDITION *Plus* Study
 ISRCTN No. 99175498

CONSENT FORM

Please initial box

- | | |
|---|---|
| 1. I confirm that I have read and understood the information sheet dated February 2004 (version 1) for the above study and have had the opportunity to ask questions, during a specially arranged telephone appointment. | <input style="width: 40px; height: 30px;" 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 style="width: 40px; height: 30px;" type="checkbox"/> |
| 3. I agree to having a physical examination and giving a sample of blood and urine for research in the ADDITION Plus Study. | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| 4. I understand the future research using the samples I give may include research into genetic influences on the causes of diabetes and its complications, but that the results of these investigations are unlikely to have any implications for me personally. I understand that I will not benefit financially if this research leads to the development of a new treatment or medical test. | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| 5. I am willing to allow access to my medical records and information from them to be analysed in strict confidence by responsible people from the ADDITION <i>Plus</i> Study team. | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| 6. I agree that the information gathered about me can be looked after and stored anonymously (i.e. without my name attached) at the University of Cambridge in locked filing cabinets in a security card protected site for use in future projects aimed at identifying the causes of diabetes and its complications. | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| 7. I agree that any sessions I might have with a Lifestyle Facilitator may be tape-recorded for the purposes of quality assurance. | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| 8. I understand that my General Practitioner will be informed about my participation in the study and of any important results. | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| 9. I agree to take part in the ADDITION <i>Plus</i> Study (<i>please sign below</i>). | <input style="width: 40px; height: 30px;" type="checkbox"/> |

 Name of Participant (BLOCK CAPITALS)

 Date

 Signature

 Name of Research Team member

 Date

 Signature