







Consent Form
(Version 2, 1st September 2012)

STOP Diabetes Research Study

<INSERT STUDY ID NO>

	<p>This form is a way for us to make sure that you don't mind taking part in the STOP Diabetes Research study</p>
	<p>You will need to put a tick in each box.</p>
	<p>1. The research team has explained the STOP Diabetes research study to me.</p> <p>Yes <input data-bbox="1034 860 1135 949" type="checkbox"/> 1</p>
	<p>2. I understand that I will have a Diabetes Health Check.</p> <p>Yes <input data-bbox="1034 1066 1135 1155" type="checkbox"/> 2</p>
	<p>3. I have asked all the questions I want.</p> <p>Yes <input data-bbox="1034 1263 1135 1352" type="checkbox"/> 3</p>
	<p>4. My questions were answered.</p> <p>Yes <input data-bbox="1034 1433 1135 1523" type="checkbox"/> 4</p>



5. It is my choice to take part.

Yes 5



6. I understand it's okay to say no.
Saying no won't affect my rights, services or support.

Yes 6



7. If I say yes, I know I can still change my mind later on.

Yes 7



8. I understand that my doctor will be told I am taking part. My doctor will also be told if I have diabetes or not.

Yes 8



9. I understand that my information will be kept private.
My information will only be seen by:

- The research study team and
- People who check the research study is being done properly.

Yes 9



10. The research team can use information about me:

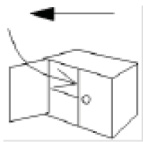
- In reports about the STOP Diabetes research study
- In presentations about STOP Diabetes research study

Yes 10



11. The research team can look at medical information about me that is kept at my doctor's surgery, home or day centre.

Yes 11



12. I agree for some of my blood to be kept and tested for things called genetic markers when the research study ends.

You can choose to say yes or no



Yes

12



No

12



13. I would like to take part in the STOP Diabetes research study and have a Diabetes Health Check.

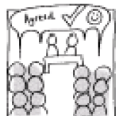
Yes

13

You need to sign this part of the form. When this part is signed it means you have said yes to taking part in the STOP Diabetes research study and having a Diabetes Health Check.



My name is



Am happy with taking part in the STOP Diabetes research study and have a Diabetes Health Check.

Today's date is:



Signed (or mark) by you





Name of researcher
(PRINT NAME)



Signed by researcher



Date:

**Please Note: If participant is unable to sign their name, this should be witnessed.*

Name of witness
(PRINT NAME)

Signed by witness



Date: