



CONSENT FORM – SCREENING VISIT

Title: Prevention of Type 2 Diabetes amongst South Asians with central obesity and prediabetes (iHealth-T2D)

REC Ref: 182806, Screening - Version 1, March 2016

Researchers: Professor Jaspal S Kooner and Professor John C. Chambers

Please initial boxes

1. I confirm that I have read and understand the Screening Information Sheet dated March 2016 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that I may be asked to come back for advice on lifestyle modification to help prevent diabetes, as well as monitoring of my future health.
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
4. I understand that if information collected or resulting from my sample is no longer able to be traced back to me, I cannot then withdraw my consent to the use of that anonymised information.
5. I agree to my GP being informed of my participation in the study
6. I would like to be informed of any medically relevant results arising from the study.
7. I give permission for access to my medical and other health related records, and for long term-storage and use of this and other information about me, for health related research purposes (even after my incapacity or death). This includes records held by the NHS (hospital, PCT and GP), the Information Centre, the General Register Office, as well as other health related databases.
8. I confirm that the blood samples I give will be treated as a gift or donation to the Imperial College London, and that I as donor will relinquish any rights in the specimen once donated.
9. I agree to future genetic studies being conducted on my samples, and for the results of genetic analyses carried out to be deposited anonymously in open access (public) scientific databases on the internet. I understand that I will not be contacted directly for further permission.
10. I would like to be informed of the results of the genetic research if they have direct and significant relevance to my health.
11. I understand that I will not benefit financially if any of the research referred to in this form leads to the development of a new medical tests, treatments, or drugs or other financial benefit.
12. I know how to contact the research team if I need to.
13. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Person taking consent

Date

Signature