

THE BART'S OXFORD (BOX) FAMILY STUDY: Understanding the causes of type 1 diabetes

Stage 2 Consent Form

*One form per family member
for adults (16+yrs) and parents on behalf of children (under 16yrs)*

<p>Chief Investigator: Professor Kathleen Gillespie</p> <p>Local researcher:</p> <p>Centre number:</p> <p>Participant identification number:</p> <p>Participant name (in capitals):</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Add Name, Surname </div>
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Please initial each box to show your agreement

PLEASE DO NOT TICK
INITIAL ONLY

1.	I confirm that I have read the Stage 2 information sheet dated 17.06.2020 version 3.1 for the above study. I know what will happen, both the possible benefits and the possible risks. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2.	I understand that my (or my child's) participation is voluntary and that I/we are free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	<input type="checkbox"/>
3.	I agree to give blood samples for testing and storage, including the extraction and storage of DNA and islet autoantibody testing. I understand that all tests done on my (or my child's) blood or DNA will be relevant to diabetes research.	<input type="checkbox"/>
4.	I understand that I (or my child) may be asked to give samples as described on page 4 of the above information sheet. I understand that the samples are optional and if I do not wish to volunteer them it will not affect my (or my child's) participation in the study by annual questionnaire.	<input type="checkbox"/>
5.	I agree that my (or my child's) stored samples: blood, serum, DNA, urine and faeces, and the results obtained from these samples can be used in diabetes research that has been approved by the BOX Management Committee, and has been given independent ethical approval. I understand that my samples and related information will be made anonymous before being used by researchers who are not part of the study team.	<input type="checkbox"/>
6.	I understand that any samples I (or my child) give will be coded and made anonymous by the BOX management team before they are sent to specialist UK and international laboratories for additional testing.	<input type="checkbox"/>
7.	I understand that if I have two or more islet autoantibody markers, I have the option of having an Oral Glucose Tolerance Test (OGTT) to measure insulin secretion in the pancreatic beta cells.	<input type="checkbox"/>

Please continue overleaf...

8.	I agree to take part in stage two of this research.	<input type="checkbox"/>
9.	I am happy to be contacted about future studies and know that I am under no obligation to take part.	<input type="checkbox"/>

Thank you for your help in this study.

Please sign below:

Participant signature: <i>(If aged under 16 optional, a parental signature is required below)</i>	Name (Block Caps):	Date:
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Parent signature:	Name (Block Caps):	Date:
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For office use:

Name of person taking consent signature:	Name (Block Caps):	Date:
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