



IRAS ID: 294564

Centre Number:

Study Number:

Participant Identification Number for this trial:

CONSENT FORM

Title of Project: Early Surveillance for autoimmune diabetes: ELSA-1 Family interview study

Name of Researcher:

Please initial box

1. I confirm that I have read the information sheet or completed the online information tool dated May 2021 (version 1.0) 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 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.

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the University of Birmingham, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I understand that the interviews may be held via video or audio call, and that the interview will be audio recorded and the recording will be stored by the research team. I give permission for this.

5. I understand that my personal details including my name and contact details will be stored by the researchers for this study and that my personal information will not be shared with anyone outside of the study. I give permission for the research team to access and store my personal details for the purpose of this study.

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.

Study ID: RG_20-205

IRAS ID: 294654

Version 1.0

11/05/21

6. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers.

7. I understand that the information held and maintained by-NHS General Practitioners may be used to help contact me to take part in the study.

8. I agree to take part in the above study.

9. Optional: I understand that the information held and maintained by the researchers at the University of Birmingham and the NHS organisations involved in this study, may be used to contact me about taking part in future research or provide information about other studies. I give permission for my contact details being used for this purpose.

Name of Participant Date Signature

Name of Person Date Signature
taking consent