

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

### Stage 2 OGTT Consent Form

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

Chief Investigator:

Local researcher:

Participant id number:

Participant name (in capitals):

Dr Kathleen Gillespie

**Please initial each box to show your agreement**

1.	I confirm that I have read the OGTT information sheet dated 20.10.2015 version 2 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 (or my child) agree to have an OGTT as part of the above study.	<input type="checkbox"/>

<b>Participant Signature:</b> <i>(optional if aged under 16 years)</i>		<b>Name:</b> <b>Surname:</b> <i>(Block Caps)</i>		<b>Date:</b>
<b>Parent Signature:</b> <i>Parent signature <u>is required</u> if the above participant is aged under 16 years.</i>		<b>Name:</b> <b>Surname:</b> <i>(Block Caps)</i>		<b>Date:</b>

**Thank you for your help in this study.**

<b>Name of person taking this consent signature:</b>		<b>Name:</b> <b>Surname:</b> <i>(Block Caps)</i>		<b>Date:</b>
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