Consent Form for Participants Able to Give Consent

Centre name (if applicable):
Study Protocol number:

Full Title of Project: Frequency of nocturnal hypoglycaemia in adults with insulin treated diabetes and adrenal failure using prednisolone or hydrocortisone: a pilot study (HYPO-DIAD).

Name of Principal Investigator: Dr Monika Reddy

Please initial box

1. I confirm that I have read and understand the participant information sheet version ..... dated ..... for "Frequency of nocturnal hypoglycaemia in adults with insulin treated diabetes and adrenal failure using prednisolone or hydrocortisone: a pilot study (HYPO-DIAD)." and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.	
3. I agree to my GP being informed of my participation in the study and of any problems that may occur during the study	
4. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College Healthcare NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.	
5. I understand that tissue samples and / or data collected from me are a gift donated to Imperial College Healthcare NHS Trust and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.	

6. I **do/ do not**(delete/mark as applicable) give consent to being contacted about the possibility to take part in other research studies.	
7. I understand that the information collected about me will be used to support future research, and may be shared pseudoanonymously with other researchers	
8. I understand that pseudoanonymised data may be downloaded from glucose monitoring devices for use in the study	
9. I acknowledge that Dexcom is a separate data controller and is separate from Imperial College Healthcare Trust.	
10. I agree to receive a written summary of the main findings of this study. (OPTIONAL)	
11. I consent to take part in “Frequency of nocturnal hypoglycaemia in adults with insulin treated diabetes and adrenal failure using prednisolone or hydrocortisone: a pilot study (HYPO-DIAD).”.	

_____	_____	_____
Name of participant	Signature	Date
_____	_____	_____
Name of person taking consent	Signature	Date

1 copy for participant; 1 copy for Principal Investigator 1 copy for hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format