Radar
Registry of
Advanced
Diabetic
Retinopathy

Consent to Participation in Research

I,…… give consent to my involvement in

(first or given names) *(last name)*

The Registry of Advanced DiAbetic Retinopathy (RADAR)

I acknowledge the nature, purpose and contemplated effects of the research project, especially as far as they affect me, have been fully explained to my satisfaction by

..... and my consent is given voluntarily.

(first or given name) *(last name)*

I acknowledge that the details of the following have been explained to me, including indications of risks; any discomfort involved; anticipation of length of time; and the frequency with which they will be performed. I agree to the following procedures:

a) A blood sample for genetic testing be taken and the following tests done as agreed below.

☐ Part 1: Testing DNA, RNA and protein from my blood sample in relation to diabetic retinopathy. The blood sample may also be used to test long term glycaemic control (HbA1c) where necessary.

☐ Part 2: A stored blood sample may be used in future genetic research in relation to diabetic retinopathy.

☐ Part 3: I agree to be recontacted during routine clinic visits or via phone, email or mail if the collection of further information or samples is required.

☐ If the research discovers information relevant to me or my family, I agree to be notified.

b) A short interview or questionnaire.

c) Access to case notes and medical test results by the research team, and release of medical information from any treating doctor or medical record to the Registry of Advanced Diabetic Retinopathy.

I have understood and am satisfied with the explanations that I have been given.

I have been provided with a written information sheet.

I understand that my involvement in this research project may not be of any direct benefit to me and that I may withdraw my consent at any stage before the completion of the research project without affecting my rights or the responsibilities of the researchers in any respect.

I declare that I am over the age of 18 years.

I acknowledge that I have been informed that should I receive an injury as a result of taking part in this study, I may need to start legal action to determine whether I should be paid.

Signature of Research Participant: ..... Date: .....

I, ... have described to .....

the research project and nature and effects of procedure(s) involved. In my opinion he/she understands the explanation and has freely given his/her consent.

Signature: ..... Date: .....

Status in Project .....