The Diabetes Centre
A company set up under section 42 of the Companies Act, 2017

FM-R&D-002
Rev: 00
ED: 24-5-2021

INFORMED CONSENT FORM

Title of the Study:

Principal Investigators, Department, Institution:

Co-Investigator(s), Department/Hospital/Institution:

1. **INFORMATION**

2. **PURPOSE OF THIS RESEARCH STUDY**

3. **DESCRIPTION OF THE RESEARCH PROCEDURE**

4. **ASPECTS OF THE TRIAL THAT ARE NOT STANDARD CARE FOR YOUR CONDITION OR ARE EXPERIMENTAL**

5. WHO CAN PARTICIPATE

6. LENGTH OF YOUR PARTICIPATION

7. POTENTIAL RISKS (INCLUDING PHYSICAL, PSYCHOLOGICAL, SOCIAL HARM, DISCOMFORT, OR INCONVENIENCE)

8. BENEFITS OF THE RESEARCH TO SOCIETY AND/OR TO THE INDIVIDUAL

9. CONFIDENTIALITY AND RELEASE OF PERSONAL INFORMATION

10. ALTERNATIVE PROCEDURES OR TREATMENTS

11. IN CASE OF RESEARCH RELATED INJURY

12. COSTS AND PAYMENT FOR PARTICIPATION

13. WHOM TO CONTACT

14. CONSENT STATEMENT

I therefore certify the following:

- I have read the above information form and understand that the study involves research. I understand the purpose of the study as well as the potential benefits and risks of participating in the study.

I agree to participate in this study and I understand that I will receive a signed copy of this form

Participant/Legal Representative's name (printed)	Signature	Date: (DD MMM YYYY) and Time (24 hr clock)
Witness name (printed)	Signature	Date: (DD MMM YYYY) and Time (24 hr clock)
Name of person obtaining consent (printed)	Signature	Date: (DD MMM YYYY) and Time (24 hr clock)
Name of Investigator (printed)	Signature	Date: (DD MMM YYYY) and Time (24 hr clock)