



INFORMED CONSENT FORM

The MERIT study: Prevention of progression to type 2 diabetes in women with gestational diabetes: A feasibility study for a randomised trial on a Mediterranean diet

Centre: [REDACTED]
Local Investigator: [REDACTED]
REC Reference number:
IRAS ID: 255208

UIN: [REDACTED]

		<u>Please initial box</u>
1.	I confirm that I have read and understood the information sheet dated [REDACTED] version [REDACTED] for the above study. I have had the opportunity to consider the information, ask questions about the study and have had these answered satisfactorily.	
2.	I understand that my participation is voluntary and that if I take part, I am free to withdraw at any time, without giving a reason and without my medical care or legal rights being affected.	
3.	If in the course of the study I change my mind about taking part, I understand that any data already collected will be analysed.	
4.	I understand that if I lose the capacity to consent at any point during the study, no additional tests will be conducted for research purposes. In such a case, I agree for the researchers to use any previously collected research data and any further data collected as part of routine clinical practice.	
5.	I agree to provide blood samples as part of the MERIT study.	
6.	I understand that the information and samples (blood) collected will be used for medical research only, including academic publications, and data about me may be shared anonymously with other researchers. I will be given a Unique Identification Number (UIN) in order to ensure that my data remains confidential.	
7.	I understand that my participation in the group forum using the LIVA app will be moderated and anonymised discussions may be used in future study analysis.	
8.	I understand that researchers may contact me to request information or give reminders.	
9.	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the research team, sponsor (Queen Mary University of London), regulatory authorities or 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.	
10.	I understand that the information held by the NHS may be used to keep in touch with me and to follow up my health status and that I may be contacted by the research team in the future to be invited to take part in future studies. I understand that I would not have to take part in any upcoming research if I did not wish to.	
11.	I agree to my GP being informed of my participation and my blood test results in the MERIT study.	
12.	I understand what is involved in the MERIT study and agree to participate.	

Name of participant

Signature

Date

Name of person taking consent

Signature

Date

Participant consent form v1.0, 08.01.2019

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1 copy for Participant, 1 for hospital medical notes and original to be kept in MERIT Investigator Site File