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**UNIVERSITY OF
CAMBRIDGE**

Cambridge Institute for Medical Research

Juvenile Diabetes Research
Foundation/Wellcome Trust
Diabetes and Inflammation
Laboratory

THE CAUSES OF TYPE 1 DIABETES

CONSENT FORM FOR PATIENTS

Version 2 22/01/07

Name of Researcher: Professor John Todd

Please initial box:

1. I confirm that I have read and understand the information sheet version 2a dated 22/01/2007 and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.
3. I give my consent to the use of my blood, and components from it, for genetic and immunological studies for any purpose (commercial or non-commercial), by the JD RF/WT Diabetes and Inflammation Laboratory. I understand that any information that comes from this work may be the subject of a future patent application or be used for commercial purposes, without any payment to me, or my heirs and without specific acknowledgement to my contribution. I understand that I do not own or have any rights over the sample or information that comes from that sample.
4. I agree to take part in the above study.

Name of patient (BLOCK CAPITALS)

Date

Signature

Researcher

Date

Signature

When completed, one copy for the patient and original for researcher site file.