

CONSENT FORM

Study title: Singapore Consortium of Cohort Studies (SCCS)- Diabetic cohort (DC)
Principal investigator: Prof Chia Kee Seng, National University of Singapore
SCCS hot line: 67738957

- Yes No I agree to provide my NRIC number for the use of this research.
- Yes No I agree to participate in this present study of environmental and genetic factors causing diabetes and its complications.
- Yes No I agree to allow researchers to confirm my health status by contacting my doctor.
- Yes No I agree to allow researchers to confirm my health status by contacting the National Disease Registry Office.
- Yes No I agree to allow my relevant medical information to be gathered from my medical records for this study.
- Yes No I agree to allow my relevant medical information to be gathered from my medical records for future research.
- Yes No I agree to donate up to 15mls of my blood for future studies of diseases and health conditions.
- Yes No I agree to donate a urine sample for future studies of diseases and health conditions.
- Yes No I agree to donate my samples for future genetic research. This material may be made available to qualified scientists, who will have to obtain approval from a relevant institutional review board.
- Yes No I agree to allow my stored samples to be used for commercial development
- Yes No I agree to be re-contacted in 3-5 years time.

I have been given a chance to ask questions and feel that all of my questions have been answered. I know that participation in this study is my choice and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. In addition, I know that giving a sample for this study is my choice and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I may also discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. I have been given a copy of the patient information sheet that explains the use of my information, blood and/or urine in this research, and consent form to keep. I will not have any rights to any commercial benefits that result from this research. I also agree that I will not derive any monetary or other benefits from this research.

I have been informed that any questions pertaining to this research can be directed to SCCS at 67738957. Any questions I have regarding my rights as a research subject can be directed to the National University of Singapore-Institutional Review Board (Attn:Mr Chan Tuck Wai 6516 1234).

If you have any questions about the Singapore Tissue Network, please call 6478 8489.

This research has been explained to me in _____ (state language),
which I understand, by _____ (name of translator)

Name of participant (as stated in NRIC)

NRIC (participant)

Signature/ thumb print (participant)

Date (ddmmyyyy)

I observed the process of consent. The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Name (in full) of consent taker

Date (ddmmyyyy)

Signature (consent taker)

Name (in full) of translator

NRIC (translator)

Date (ddmmyyyy)

Signature (translator)