Consent form

Title of Project: Continuous Glucose Monitoring: An evaluation of impact on improving the efficiency of diagnostic processes and enhancing patient safety in the management of reactive and spontaneous hypoglycaemia.

IRAS ID 265405

REC ref *19/LO/1518*

IRAS ID: 265405

Study Number:

Participant Identification Number for this trial:

CONSENT FORM

Title of Project: Continuous Glucose Monitoring: An evaluation of impact on improving the efficiency of diagnostic processes and enhancing patient safety in the management of reactive and spontaneous hypoglycaemia.

Name of Researcher: Dr Scott Akker / Dr Craig Stiles

Please initial box

1. I confirm that I have read the information sheet dated 2.10.2019 (version 1.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I agree to have a Dexcom continuous glucose monitoring device cannula with transmitter inserted to monitor my glucose levels. ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities or from Barts Health 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. ☐
5. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers and Dexcom. ☐
6. I agree to my General Practitioner being informed of my participation in the study and I agree to my General Practitioner being involved in the study, including any necessary exchange of information about me between my GP and the research team. ☐
7. I understand that the information held and maintained by Barts Health Trust may be used to help contact me or provide information about my health status. ☐
8. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature