



The Fenland Study Phase 3 – Consent Form

Section 1: Compulsory statements

1. I confirm that I have read and understood the information sheet version (3.0) dated (21 /July /2023) for the above study.
2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
3. 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).
4. I agree to give a **blood and urine** sample for this research study.
5. I understand that **samples I have given** and/or **the information collected about me** will be stored by the MRC Epidemiology Unit, University of Cambridge.
6. I understand that my samples and data (after any identifiable information is removed) may be used to support other research in the future and may be shared with other researchers. This could include research collaborators overseas or in the commercial sector.
7. I understand that I will not benefit financially from this study.

Participant selects one of the following two options:

I agree to the statements above and consent to participate

OR

I do not consent to participate

Section 2: Optional statements for those who agree to participate

8. I wish to receive the results of the tests performed in this study.
9. I agree to my GP receiving my clinical results.
10. I agree to my email address being used for the purpose of sending newsletters as detailed in the information sheet/privacy notice.
11. I am willing to be contacted in the future about further follow up for this study or any future research.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

12. I give permission for the research team to obtain personal and health related data from NHS England and from national health and social care registries, and add this information to my study data (as set out in the privacy notice <link>). I understand that the research team will need to give a small amount of personal information about me (e.g. name, date of birth, address, and NHS number) to these organisations in order to collect long-term information about my health.

13. In the event that my contact details change, I am willing for the research team to attempt to obtain my new contact details through my GP, the postal service or NHS England.

Participant Name:

Date:

Section 3: Preferred method of participation (select 1 only)

- a- I will use the bespoke app on a smart phone or similar device (i.e. tablet).
- b- I prefer to use online forms at home (desktop or laptop).
- c- I prefer to use online forms with assistance at the clinic visit.
- d- I cannot attend the clinic visit but would like to take part (using the online forms).

Section 4:

We need to make sure we have your up-to-date contact details for the purpose of corresponding with you in the study, and posting out the wrist-worn accelerometer (physical activity device).

Please provide us with the following information:

***First name:**

***Surname:**

***Home Address:**

Home phone number:

Mobile phone number:

** required fields*

Section 5: Please confirm your diabetes status

1. I have diabetes
2. I do not have diabetes