Title of research study:

Developing a Register of children and adolescents with Type 1 diabetes in Ireland

This study and this consent form have been explained to me. My doctor has answered all my questions to my satisfaction. I believe I understand what will happen if I agree to be part of this study. The Data sheet will be sent to the Register by post.

I have read, or had read to me, this consent form. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I have received a copy of this agreement.

PARTICIPANT'S NAME:

PARTICIPANT'S SIGNATURE:

Date:

Date on which the participant was first furnished with this form:

Where the participant is incapable of comprehending the nature, significance and scope of the consent required, the form must be signed by a person competent to give consent to his or her participation in the research study (other than a person who applied to undertake or conduct the study). If the subject is a minor the signature of parent or guardian must be obtained:

NAME OF PARENT or GUARDIAN:

SIGNATURE:

RELATION TO PARTICIPANT:

Where the participant is capable of comprehending the nature, significance and scope of the consent required, but is physically unable to sign written consent, signatures of two witnesses present when consent was given by the participant to a registered medical practitioner treating him or her for the illness.

NAME OF FIRST WITNESS:

SIGNATURE:

NAME OF SECOND WITNESS:

SIGNATURE:

Statement of investigator’s responsibility: I have explained the nature, purpose, procedures, benefits, risks of, or alternatives to, this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

Physician’s signature:

Date:

(Keep the original of this form in the participant's medical record, give one copy to the participant, and send one copy to Professor. Edna Roche; The Trinity Centre for Health Sciences, Tallaght Hospital, Tallaght, Dublin 24, for the Register's records).