

**NEONATAL DIABETES AND MATURITY ONSET**

**DIABETES OF YOUTH REGISTRY INDIA**

**INFORMED CONSENT FOR COLLECTION OF BLOOD SAMPLES FOR RESEARCH**

I hereby consent to the collection of the blood sample of myself/my child or ward, by staff of the Madras Diabetes Research Foundation /DMDSC the understanding that.

This sample is being collected solely for the purpose of research. The research pertains to diabetes and related diseases that are known to or might potentially run in families.

The procedure for sample collection involves only the withdrawal of 10- 15ml blood.

This type of study generally involves a few or more families in which individuals have the same ailment.

No harm shall come to me (my child/ward) by providing the samples. The results of the study may or may not be of immediate benefit to the patient.

Complete confidentiality will be maintained in the handling and processing of samples.

The above statement has been read out or explained to me, and having understood the same, I put my signature or thumb impression.

Patient's name:

Phone. No:

Parents Name:

Address:

Signature/left thumb impression  
of patient/guardian

Date: