Remember to delete the advisory text and update the details in the footer to be specific to the research for which you are seeking ethics review.

**PARTICIPANT CONSENT FORM FOR BLOOD GLUCOSE TESTING**

CUREC Approval Reference:

**[Study Title]**

Study Summary: [Insert]

|  |  |  |
| --- | --- | --- |
|  |  | *Please initial each box* |
| 1 | I confirm that I have read and understand the information sheet version dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without penalty. |  |
| 3 | I understand the procedure that will be used to carry out the blood glucose test. |  |
| 4 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. |  |
| 5 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. |  |
| 6 | Where the research will be written up as a student’s thesis, I understand how personal data included in that thesis will be published and stored.  |  |
| 7 | I understand how to raise a concern or make a complaint. |  |
| 8 | I agree to take part in the above study. |  |
| **Optional:** | I agree that my contact details can be retained in a secure database so that the researchers can contact me about future studies. | YES/ NO |

 dd / mm / yyyy

Name of Volunteer Date Signature

 dd / mm / yyyy

Name of person taking consent Date Signature