

Consent for additional blood and urine collection, storage and analysis

Please **cross** (☒) each of the following statements to which you agree:

Yes <input type="checkbox"/> No <input type="checkbox"/>	I confirm that I have read and understood the information about blood and urine sampling. I understand that providing a blood and urine sample is optional, and I am free to continue taking part in the trial without agreeing to my blood or urine being taken.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree to my samples being used for immediate measurements of glucose control, lipids (cholesterol), kidney function and biochemical tests to assess the study treatment effects, and for relevant results to be provided to my general practitioner.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree that samples of my blood and urine may be stored for future biochemical tests to help understand the effects of the study treatment and the causes of diabetes and circulatory disease. This is on the understanding that the investigations will be for medical research only and my results will be kept confidential.

PRINTED name of participant

Signature

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year		Year	

Date

THANK YOU FOR YOUR HELP

To be completed by the practice nurse (in blue or black ink). If possible, please record:

Current drug list				
Are you currently taking the study white tablets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently taking the study brown capsule?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give date and time last dose of white study tablet was taken	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time <input type="text"/>
Weight:	<input type="text"/>	Kgs or	<input type="text"/>	Stones <input type="text"/> lbs
Has a blood sample been obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is a urine sample provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date and time blood sample was taken:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time <input type="text"/>
Name of person taking blood sample				
Signature				
Contact Telephone No.				

Please ensure that the participant has read and signed the consent above and return the completed form with the blood and/or urine sample to the ASCEND coordinating centre in the Freepost envelope provided. **Please mail it today** as delays in the post can affect the measurements. If you require any further information or help, please call the ASCEND coordinating centre on Freephone 0800 585323. A copy of this form will be sent to the participant.

«Title» «Forename» «Surname»
«Address1»
«Address2»
«Address3»
«Address4»
«Address5»
«Postcode»

Dear «Title» «Surname»,

Optional blood and urine tests for the ASCEND study

Thank you for continuing to take part in ASCEND (A Study of Cardiovascular Events in Diabetes).

A worthwhile, but optional, part of this research study, involves the analysis of blood and urine samples from study participants. More information about this aspect of the study is included in the enclosed leaflet. Please read the leaflet carefully. If you are prepared to provide a sample of blood and urine for the ASCEND study, please do the following:

1. Read, sign and date the consent form overleaf, remembering to cross (X) a "Yes" or "No" box for each statement.
2. Make an appointment for a blood test either at your GP surgery, diabetes clinic or local hospital. (Some GP practices are unable to offer a blood test service. We would advise you to phone to check first.) Ideally, your appointment should be early in the week, i.e. on a Monday, Tuesday or Wednesday. N.B. This does not need to be a fasting blood sample.
3. On the day of this appointment, fill the large clear plastic container (white screw-top) with a specimen of urine.
4. Hand this specimen to the nurse, along with the blood sampling kit, labels, letter with instruction sheet and completed consent form.

If you are willing, we would also like to obtain measurement of your weight and a list of your current medications. In most cases, this can be done when you go to have your blood sample taken.

The results of the blood and urine tests will be sent to your GP. We will also send you a copy of the signed consent form for you to keep. If you feel unable to provide either one or both samples you are still a valuable member of the study and are strongly encouraged to continue in ASCEND.

Should you have any questions about this, or any other part of the study please call the ASCEND study office (Freephone 0800 585323) and speak to a study nurse or doctor. Thank you for your help.

Yours sincerely



Professor Jane Armitage



Dr Louise Bowman

Study Coordinators

Enc: Sample kit, labels, instructions letter, sampling information leaflet