

Centre Number:

IRAS ID: 170265

Study Number:

REC Reference:

17/L0/2033

Ethics Reference: ()

Patient Identification Number for this trial:

CONSENT FORM

Title : **Comparison of transcutaneous oxygen and nerve conduction devices against existing methods to determine neurovascular status in the feet of adult participants with Type 2 Diabetes in the community**

Name of Researcher: Simbarashe Richard Tanyanyiwa

Please initial the box(es) if you agree with the statement (s)

Other Researchers: Keith McCormick; Professor Catherine Bowen

1. I confirm that I have read and understand the information sheet dated **30-Aug-2017** (version 1) 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 consequence, without giving any reason, and without my medical care or legal rights being affected

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by the above named researchers from **the University of Southampton**, from regulatory authorities or from Solent NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I understand that digital photographs of my feet and ankles will be taken during the study

5. I understand that information collected about me during my participation in this study, including any images, will be stored on a University of Southampton encrypted and password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

6. I understand the study will involve me attending two visits 3 months apart

7. I therefore consent to the University of Southampton retaining my personal details on a password protected database. The 'validity' of my consent is conditional upon the University of Southampton complying with the Data Protection Act (1998) and I understand that I can request my details be removed from this database at any time.

8. I agree to my GP being informed of my participation in the study.

9. I agree to take part in the above study.

 Name of Participant

 Date

 Signature

 Name of Person taking consent.

 Date

 Signature

Consent form date of issue: **30-Aug-2017**

Consent form version number: **1**