

T1DGC ASP Consent Summary Form

Page 1 of 5

Family ID

famid

Clinic ID

ccenter

TWO AFFECTED SIBLINGS MUST CONSENT TO PARTICIPATE (OR PARENTS CONSENT TO THEIR PARTICIPATION) IN ORDER FOR FAMILY TO BE INCLUDED.

Family Member Informed Consent Status

1. Proband (AS1)

AFFIX BAR-CODED
PROBAND ID LABEL

- Consent 1
- Refused 2
- Consent and assent* 3
- Consent and written authorization 4
- Consent, assent, and written authorization 5
- Not available 6

cid

sign

Date informed consent signed

 - -

Day Month Year

d_1sign

 - -

Day Month Year

d_2sign

2. Affected Sibling (AS2)

AFFIX BAR-CODED
AFFECTED SIBLING
ID LABEL

- Consent 1
- Refused 2
- Consent and assent* 3
- Consent and written authorization 4
- Consent, assent, and written authorization 5
- Not available 6

cid

sign

Date informed consent signed

 - -

Day Month Year

d_1sign

 - -

Day Month Year

d_2sign

* Consent and assent as defined and/or required by local IRB or Ethics Committee.

**T1DGC ASP Consent
Summary Form**

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Family ID

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Clinic ID

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Family Member	Informed Consent Status																																																
<p>3. Father (FA)</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>AFFIX BAR-CODED FATHER ID LABEL</p> </div> <p>Date informed consent signed</p>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Consent</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>Refused</td> <td><input type="checkbox"/></td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>Consent and assent*</td> <td><input type="checkbox"/></td> <td style="text-align: right;">3</td> <td style="color: red;">sign</td> </tr> <tr> <td>Consent and written authorization</td> <td><input type="checkbox"/></td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td>Consent, assent, and written authorization</td> <td><input type="checkbox"/></td> <td style="text-align: right;">5</td> <td></td> </tr> <tr> <td>Not available</td> <td><input type="checkbox"/></td> <td style="text-align: right;">6</td> <td></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 15%;"><input type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%;"><input type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 35%;"><input type="text"/></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Year</td> <td style="color: yellow;">d_1sign</td> </tr> <tr> <td><input type="text"/></td> <td style="text-align: center;">-</td> <td><input type="text"/></td> <td style="text-align: center;">-</td> <td><input type="text"/></td> <td style="color: yellow;">d_2sign</td> </tr> <tr> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Year</td> <td></td> </tr> </table>	Consent	<input type="checkbox"/>	1		Refused	<input type="checkbox"/>	2		Consent and assent*	<input type="checkbox"/>	3	sign	Consent and written authorization	<input type="checkbox"/>	4		Consent, assent, and written authorization	<input type="checkbox"/>	5		Not available	<input type="checkbox"/>	6		<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>		Day		Month		Year	d_1sign	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	d_2sign	Day		Month		Year	
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Day		Month		Year																																													
<p>4. Mother (MO)</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>AFFIX BAR-CODED MOTHER ID LABEL</p> </div> <p>Date informed consent signed</p>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Consent</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>Refused</td> <td><input type="checkbox"/></td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>Consent and assent*</td> <td><input type="checkbox"/></td> <td style="text-align: right;">3</td> <td style="color: red;">sign</td> </tr> <tr> <td>Consent and written authorization</td> <td><input type="checkbox"/></td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td>Consent, assent, and written authorization</td> <td><input type="checkbox"/></td> <td style="text-align: right;">5</td> <td></td> </tr> <tr> <td>Not available</td> <td><input type="checkbox"/></td> <td style="text-align: right;">6</td> <td></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 15%;"><input type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%;"><input type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 35%;"><input type="text"/></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Year</td> <td style="color: yellow;">d_1sign</td> </tr> <tr> <td><input type="text"/></td> <td style="text-align: center;">-</td> <td><input type="text"/></td> <td style="text-align: center;">-</td> <td><input type="text"/></td> <td style="color: yellow;">d_2sign</td> </tr> <tr> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Year</td> <td></td> </tr> </table>	Consent	<input type="checkbox"/>	1		Refused	<input type="checkbox"/>	2		Consent and assent*	<input type="checkbox"/>	3	sign	Consent and written authorization	<input type="checkbox"/>	4		Consent, assent, and written authorization	<input type="checkbox"/>	5		Not available	<input type="checkbox"/>	6		<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>		Day		Month		Year	d_1sign	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	d_2sign	Day		Month		Year	
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Day		Month		Year																																													

* Consent and assent as defined and/or required by local IRB or Ethics Committee.

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Family ID

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Clinic ID

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Family Member	Informed Consent Status
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5. Unaffected Sibling (UN1)

AFFIX BAR-CODED UNAFFECTED SIBLING 1 ID LABEL

- | | | |
|--------------------------------------------|---|--|
| Consent | 1 | |
| Refused | 2 | |
| Consent and assent* | 3 | |
| Consent and written authorization | 4 | |
| Consent, assent, and written authorization | 5 | |
| Not available | 6 | |

cid

sign

Date informed consent signed

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d_1sign

d_2sign

6. Unaffected Sibling (UN2)

AFFIX BAR-CODED UNAFFECTED SIBLING 2 ID LABEL

- | | | |
|--------------------------------------------|---|--|
| Consent | 1 | |
| Refused | 2 | |
| Consent and assent* | 3 | |
| Consent and written authorization | 4 | |
| Consent, assent, and written authorization | 5 | |
| Not available | 6 | |

cid

sign

Date informed consent signed

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d_1sign

d_2sign

* Consent and assent as defined and/or required by local IRB or Ethics Committee.

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Family ID

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Clinic ID

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USE BELOW ONLY FOR RECORDING INFORMATION ON ADDITIONAL SIBLINGS.

Family Member	Informed Consent Status
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7. Other Sibling

AFFIX BAR-CODED ADDITIONAL SIBLING ID LABEL

- Affected Sibling 1
- Unaffected Sibling 2

- Consent 1
- Refused 2
- Consent and assent* 3
- Consent and written authorization 4
- Consent, assent, and written authorization 5
- Not available 6

cid
sibo

sign

Date informed consent signed

		-		-				
Day			Month		Year			

		-		-				
Day			Month		Year			

d_1sign

d_2sign

8. Other Sibling

AFFIX BAR-CODED ADDITIONAL SIBLING ID LABEL

- Affected Sibling 1
- Unaffected Sibling 2

- Consent 1
- Refused 2
- Consent and assent* 3
- Consent and written authorization 4
- Consent, assent, and written authorization 5
- Not available 6

cid
sibo

sign

Date informed consent signed

		-		-				
Day			Month		Year			

		-		-				
Day			Month		Year			

d_1sign

d_2sign

* Consent and assent as defined and/or required by local IRB or Ethics Committee.

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Family ID

Clinic ID

Family Member	Informed Consent Status																																																		
<p>9. Other Sibling</p> <div data-bbox="107 527 626 758" style="border: 1px solid black; padding: 5px; margin: 10px 0;">AFFIX BAR-CODED ADDITIONAL SIBLING ID LABEL</div> <p>Date informed consent signed</p>	<table border="0"><tr><td>Affected Sibling</td><td><input type="checkbox"/></td><td>1</td><td rowspan="2" style="vertical-align: middle;">cid sibo</td></tr><tr><td>Unaffected Sibling</td><td><input type="checkbox"/></td><td>2</td></tr><tr><td>Consent</td><td><input type="checkbox"/></td><td>1</td><td rowspan="6" style="vertical-align: middle;">sign</td></tr><tr><td>Refused</td><td><input type="checkbox"/></td><td>2</td></tr><tr><td>Consent and assent*</td><td><input type="checkbox"/></td><td>3</td></tr><tr><td>Consent and written authorization</td><td><input type="checkbox"/></td><td>4</td></tr><tr><td>Consent, assent, and written authorization</td><td><input type="checkbox"/></td><td>5</td></tr><tr><td>Not available</td><td><input type="checkbox"/></td><td>6</td></tr></table> <p>Date informed consent signed</p> <table border="0"><tr><td><input type="text"/><input type="text"/></td><td>-</td><td><input type="text"/></td><td>-</td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td>d_1sign</td></tr><tr><td>Day</td><td></td><td>Month</td><td></td><td>Year</td><td></td></tr><tr><td><input type="text"/><input type="text"/></td><td>-</td><td><input type="text"/></td><td>-</td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td>d_2sign</td></tr><tr><td>Day</td><td></td><td>Month</td><td></td><td>Year</td><td></td></tr></table>	Affected Sibling	<input type="checkbox"/>	1	cid sibo	Unaffected Sibling	<input type="checkbox"/>	2	Consent	<input type="checkbox"/>	1	sign	Refused	<input type="checkbox"/>	2	Consent and assent*	<input type="checkbox"/>	3	Consent and written authorization	<input type="checkbox"/>	4	Consent, assent, and written authorization	<input type="checkbox"/>	5	Not available	<input type="checkbox"/>	6	<input type="text"/> <input type="text"/>	-	<input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	d_1sign	Day		Month		Year		<input type="text"/> <input type="text"/>	-	<input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	d_2sign	Day		Month		Year	
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