

T1DGC Trio Consent Summary Form

Page 1 of 2

Family ID

famid

Clinic ID

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ccenter

AN AFFECTED CHILD AND BOTH BIOLOGICAL PARENTS MUST CONSENT TO PARTICIPATE (OR PARENTS CONSENT TO THEIR CHILD'S PARTICIPATION) IN ORDER FOR FAMILY TO BE INCLUDED.

Family Member	Informed Consent Status
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1. Proband (AS1)

cid

AFFIX BAR-CODED
PROBAND ID LABEL

- | | | | |
|--|--------------------------|---|------|
| 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 | |

Date informed consent signed

<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 100%; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>				
Day		Month		Year				
<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 100%; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>				
Day		Month		Year				

d_1sign

d_2sign

2. Father (FA)

cid

AFFIX BAR-CODED
FATHER ID LABEL

- | | | | |
|--|--------------------------|---|------|
| 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 | |

Date informed consent signed

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Day		Month		Year				
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Day		Month		Year				

d1_sign

d2_sign

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

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Clinic ID

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Family Member	Informed Consent Status																																																										
<p>3. Mother (MO)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>AFFIX BAR-CODED MOTHER ID LABEL</p> </div> <p>Date informed consent signed</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%; text-align: center;"> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p>Day</p> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; text-align: center;"> <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table> <p>Month</p> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 35%; text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; 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codei

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d_cmplt

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