



# ASCEND

A Study of Cardiovascular Events in Diabetes



## Consent for blood and urine collection, storage and analysis

Please cross (X) 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 participate in the trial without agreeing to my blood or urine being taken. <i>[Version number of accompanying Blood &amp; Urine Sampling Information Leaflet will be inserted here]</i>
Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree to the samples being used for immediate measurements of glucose control, lipids (cholesterol) and kidney function, 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 (other than genetic 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.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree that samples of my blood may be stored for future genetic tests to help understand the effects of the study treatment and 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.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		2	0		
				Year			

PRINTED name of participant

Signature

Date

### THANK YOU FOR YOUR HELP

ASCEND: Blood & Urine Sample Consent Form [V3.2\_140307]

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

C-140307

<b>Has a blood sample been obtained?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is a urine sample provided?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
<b>Date blood sample was taken:</b>	<table border="1"> <tr> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td></td> <td>Month</td> <td></td> <td>2</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">Year</td> </tr> </table>			<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day		Month		2	0							Year			
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Day		Month		2	0																						
				Year																							
<b>Weight:</b>	<input type="text"/>	Kgs OR	<input type="text"/>	Stones &	<input type="text"/>	lbs																					
<b>Height:</b>	<input type="text"/>	Cms OR	<input type="text"/>	Feet &	<input type="text"/>	inches																					
<b>Blood Pressure:</b>	<input type="text"/>	/	<input type="text"/>	<b>Pulse:</b>	<input type="text"/>	beats/min																					
<b>Nurse/phlebotomist Name:</b>	<input type="text"/>																										
<b>Nurse/phlebotomist Signature:</b>	<input type="text"/>																										
<b>Contact Telephone Number:</b>	<input type="text"/>																										

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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.

ASCEND: Blood & Urine Sample Consent Form [V3.2\_140307]



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A Study of Cardiovascular Events iN Diabetes



ASCEND  
Clinical Trial Service Unit (CTSU)  
Richard Doll Building  
University of Oxford  
Old Road Campus  
Headington  
Oxford  
OX3 7LF

Office telephone: 01865 743888  
Office fax: 01865 743981  
Freefone: 0800 585323  
E-mail: [ascend@ctsu.ox.ac.uk](mailto:ascend@ctsu.ox.ac.uk)  
Website: [www.ctsu.ox.ac.uk/ascend](http://www.ctsu.ox.ac.uk/ascend)

*A cover letter will be  
inserted on this page*