



RESPONDENT IDNO

--	--	--	--	--

CONSENT FORM 2

Please **initial** box

- I agree to a blood sample being taken from me. I understand that this sample will be analysed for lipids, glycosylated haemoglobin, fibrinogen, leptin, C-reactive protein, telomere length, ADMA, liver and kidney function and full blood count. I understand that the samples and information will be coded and used anonymously for research purposes only and will not be tested for HIV.
- I would like to receive the results of the initial testing on my blood sample for lipids and glycosylated haemoglobin as well as my height, weight, body mass index and body fat composition.
- I agree for my General Practitioner to be notified about my height, weight, body mass index, body fat composition, lipids and glycosylated haemoglobin. I am aware that these results may be used by the GP to help monitor my health and that the GP may wish to include the results in any future report about me.

☐☐☐

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

When complete, 1 copy for participant; 1 copy returned to Unit for file