

EudraCT Number: 2014-000988-41



PATIENT CONSENT FORM – MRI SCANNING (please read carefully)

ROMANCE

A randomised, controlled multi-centre trial of 26 weeks of subcutaneous Liraglutide (a GLP1 receptor agonist), with or without continuous positive airway pressure (CPAP), in patients with Type 2 Diabetes Mellitus (T2DM) and Obstructive Sleep Apnoea (OSA)

Name of Researcher: _____
(Principal Investigator)

Please initial each box

1. I confirm that I have read and understand the patient information sheet (Date: Version:) describing the optional MRI scanning as part of the study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation in this optional subset of the study is voluntary and that I am free to withdraw at any time without giving a reason, without my medical care or legal rights being affected.
3. I understand that sections of my medical notes and data collected during the study may be looked at by responsible individuals involved in this research or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.
4. I agree to allow my General Practitioner and any other relevant medical practitioner to be informed of my involvement in the study.
5. I agree for a copy of this completed consent form to be sent to the Liverpool Cancer Trial Unit (where it will be kept securely) to allow confirmation that my consent for the trial has been given.
6. I understand that information held by the NHS and records maintained by the NHS Information Centre may be used to keep in touch with me and follow-up my health status.

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7. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.
8. I understand that my data may be transferred outside the European Economic Area to countries which may have a lower level of data protection.
9. I understand that the information that I provide will be processed and analysed as is required by this clinical study.
10. I agree to the anonymised data collected from me being used in future ethically approved research.
11. I agree to take part in the above study.

 Name of patient

 Date

 Signature

 Name of person taking consent
 (if different from researcher)

 Date

 Signature

 Researcher (Principal Investigator)

 Date

 Signature