NB: THIS CONSENT FORM IS TRANSLATEDE FROM THE ORIGINAL DANISH FORM

(S4)

Informed consent to participate in a health science research study.

Title of the research project:" The role of hyperglycemia, hyperinsulinemia and elevated free fatty acids for cardiac function in patients with type 2 diabetes – the HyperCarD2 study".

Declaration from the patient:

I have received written and oral information and I know enough about the purpose, method, benefits and

disadvantages of saying yes to participating.

I know that participating is voluntary and that I can always withdraw my consent without losing my current or future rights to treatment.

I give my consent to participate in the research study and to have my biological material collected and stored in a research biobank. I have received a copy of this consent form as well as a copy of the written information about the study for my own use.

Name of the patient: _____

Date: _____ Signature: _____

If new essential health information about you appears in the research study, you will be informed. If you would like to **decline** receiving any new information about your health that appears in the research project, please mark here: _____ (insert an x)

Do you want to be informed about the result of the research study and any possible consequences for you?

Yes _____ (insert an x) No _____ (insert an x)

Declaration from the person providing the information:

I declare that the patient has received oral and written information about the research study.

In my opinion, sufficient information has been provided to enable a decision to be taken on participation in the study.

The name of the person who provided the information: Roopameera Thirumathyam

Date: _____ Signature: _____

Studytidentification: (E.g comiteé ID, EudraCT no., version no./date or similar.)

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