**Participant consent form**

I have received information regarding this study and:

* I agree to take part in this research project.
* I have been given a full explanation of the purpose of this study, the procedures involved and of what is expected of me.
* I understand that I will be asked to undergo a second measurement of my blood glucose with a separate glucometer.
* The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.
* I understand that I may withdraw from participating in the project at any time without prejudice.
* I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.
* I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.
* I understand that research data gathered may be used for future research but my name and other identifying information will be removed.

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| --- | --- | --- | --- |
| Name of participant |  | | |
| Signature of participant |  | Date |  |

* I confirm that I have explained what participating in this research project involves to the above participant and have answered all questions asked of me.

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| Signature of Researcher |  | Date |  |