

INFORMED CONSENT FORM (PARTICIPANT COPY)

Project: The Effect of Lower-dose Tocotrienol-rich Vitamin E (Tocovid SupraBio®) and Alpha-Tocopherol in Diabetes and Diabetic Microvascular Complications: Nephropathy, Retinopathy and Neuropathy

Chief Investigator: Professor Dato' Dr Khalid Abdul Kadir

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:		No		
1. The data/tissue samples that I have provided during this research will be kept				
for 2 years and may be used by the Investigating team to test for other				
identified biomolecular markers once funds are available				
2. In the event of there being an incidental finding, I would like to be advised of:				
(a) Any diagnostic findings				
(b) Any incidental findings				
(c) Only those adverse findings that would usually lead directly to treatment				
3. In the event of there being an incidental finding, I would like to be adv	ised o	f any		
diagnostic/incidental/adverse findings to be discussed with me by my:-				
(a) Usual family doctor				
(b) Another doctor of your choice				
(c) Or by a member of the research team				
Participant: Signature: IC number:				
Name: Date:				
Investigator conducting informed consent:				
Signature: IC number:				

Date:

Name:



INFORMED CONSENT FORM (INVESTIGATOR COPY)

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