

## CONSENT/AUTHORIZATION BY SUBJECT FOR PARTICIPATION IN A RESEARCH PROTOCOL

Protocol Number: 15617B Name of Subject: \_\_\_\_\_

Date of Birth / Medical History Number: \_\_\_\_\_

STUDY TITLE: Monogenic Diabetes Mellitus Registry [Discussion Group]

Doctors Directing Research: Siri Atma W. Greeley, MD, PhD  
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You are being asked to participate in a research study. A member of the research team will explain what is involved in this study and how it will affect you. This consent form describes the study procedures, the risks and benefits of participation, as well as how your confidentiality will be maintained. Please take your time to ask questions and feel comfortable making a decision whether or not to participate. This process is called informed consent. If you decide to participate in this study, you will be asked to sign this form. Throughout this consent form, “you” will refer to you or your child, as appropriate.

### WHY IS THIS STUDY BEING DONE?

The central purpose of this study is to learn more about the number of people who have monogenic diabetes mellitus (MDM), how and why it happens, and how best to treat it. As described in the separate consent form related to the overall MDM Registry protocol, recent advances in the understanding of MDM and its treatment highlight how important it will be to find and identify as many patients with MDM as possible, to determine whether they have been found to have identifiable genetic differences, and to figure out which treatments have been most effective in controlling their blood sugar levels.

In addition, we hope that the patients/parents and physicians/diabetes providers who choose to participate in this Registry will themselves learn more about MDM. The website through which patients will enter their contact information will also serve as a centralized resource for information on MDM for patients and families, physicians/diabetes providers treating MDM patients, and researchers trying to learn more about MDM. Separately, researchers will facilitate a moderated web-based discussion group on which patients/parents and physicians/diabetes providers will be able to discuss various aspects of MDM, including its treatment. Through these forums for patients with this rare disease, we hope that valuable information and experiences may be more easily shared with those living and dealing with MDM every day.

### HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

About 5,000 people are expected to take part in the overall Registry study through participation on the website or by telephone, regardless of where they live. Somewhat fewer would be expected to participate in the web-based discussion group.

### WHAT IS INVOLVED IN THE STUDY?

During this study, Dr. Siri Atma Greeley and his research team will moderate exchanges on a web-based discussion group, which is currently hosted through Facebook and only open by invitation to participants in the MDM Registry study. The moderators of the discussion group will attempt to provide clarification of what is known or unknown regarding MDM and its treatment; however, it is extremely important to note that the discussion group is in no way meant to replace the physician or diabetes provider who should be overseeing your treatment. Any changes in your treatment program that you may consider implementing must be done only in consultation with your physician or diabetes provider. Participation in the discussion group is purely voluntary; you may choose to post only a few times or never, even if you complete this consent process. Once you complete the consent, you will be instructed on how to access the discussion group. Your discussion group posts may be linked to the health information collected about you as part of the main Registry study, but only the research team will have access to that information. You may share as much or as little information as you like, but any information you do share will be readable by all other participants who have also consented to this part of the MDM Registry study. Furthermore, if in the future Dr. Greeley and his research team publish findings related to the MDM Registry research, they may choose to quote from the discussion group. In such instances, every effort will be made to protect the confidentiality of participants; however, certain information that you choose to reveal to other participants might make you identifiable to others.

**Data Gathered for This Study:**

The discussion group is not designed to collect any specific information, but rather to facilitate the sharing of potentially useful information among participants, which will include patients, their parents/guardians, treating physicians, and/or other diabetes providers (such as nurse practitioners). Inasmuch as such sharing of information may prove to be helpful to individuals coping with MDM, the physicians/diabetes providers who care for MDM patients and diabetes researchers may be interested to know about this study and the discussion group. Thus, research publications may make reference to the discussion group, including quoting illustrative examples of the helpful sharing of information among participants. Reporting the potential success of the discussion group in this way may promote similar discussion groups and research in the future. Participation in the group does not require that you “friend” any of the participants, unless you so choose. By modifying your privacy settings, you are in total control of what information, other than your user name and profile picture, you share with the discussion group participants. As mentioned above, any information you choose to share in posting to the discussion group may be linked in our records to the personal health information collected as part of the main Registry study.

**HOW LONG WILL I BE IN THE STUDY?**

You will be in the study for as long as you choose to participate. You may withdraw from the discussion group at any time. However, the research team is under no obligation to remove any posts that you make prior to withdrawal. We plan to maintain the discussion group indefinitely; however, it may be discontinued at any time in the future due to unforeseen circumstances, such as a lack of funding.

**WHAT ARE THE RISKS OF THE STUDY?**

There is some risk that individuals, other than your doctor and other caregivers, could learn some of your personal medical information. Every effort will be made to prevent this from occurring. By participating in the discussion group, you may choose to reveal personal information, which will be visible only to other group members. If any studies are published in the future that use any text from discussions that have taken place, every effort will be made to maintain confidentiality by removing any identifying features. There are no additional physical risks.

**ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?**

If you agree to take part in this study, there will *not* be direct medical benefit to you, since the study involves no medical tests or treatments. However, if you choose to participate in the discussion group, you will be likely to learn more about various aspects of living with MDM. Similarly, other individuals may benefit from any information you choose to share with them that you have gained from your experience with MDM.

**WHAT OTHER OPTIONS ARE THERE?**

Instead of being in this study, you may choose not to participate.

The decision whether or not you wish to participate in this study will not affect your care at the University of Chicago Medical Center or the clinic/hospital at which you are being treated.

**WHAT ARE THE COSTS?**

There will be no costs to you or your insurance company resulting from your participation in this research study. However, you or your insurance company will be responsible for costs related to your usual medical care.

**WILL I BE PAID FOR MY PARTICIPATION?**

You will not be paid to participate.

**WHAT ABOUT CONFIDENTIALITY?**

Study records that identify you will be kept confidential. The records from the main MDM Registry study will be linked to the web-based discussion group, but only the research team will have access to this information. No specific information is meant to be collected as part of this web-based discussion group, as it is meant primarily to benefit the participants, who will choose to share whatever information they wish. Only patient/parent or physician/diabetes provider participants who have consented to participate in the main MDM Registry study will have access to and be allowed to post on the web-based discussion group. All records related to the main study as well as the web-based discussion group will be secured in locked offices. Neither your name nor other personally identifying information will be used in any publication resulting from the research study.

The data collected in this study will be used solely for the purposes described in the form. By signing this form, you are allowing the research team to access your medical records, which include Protected Health Information (PHI). PHI consists of any health information that is collected about you, which could include your medical history and new information collected as a result of this study. The research team includes the individuals listed on this consent form and other personnel involved in this study at the University of Chicago.

Your records may be reviewed by federal agencies whose responsibility is to protect human subjects in research including the Food and Drug Administration (FDA) and Office of Human Research Protections (OHRP). In addition, representatives of the University of Chicago, including the Institutional Review Board, a committee that oversees the research at the University of Chicago, may also view the records of the research. If your research record is reviewed by any of these groups, they may also need to review your entire medical record.

If health information is shared outside the University of Chicago, the same laws that the University of Chicago must obey may not protect your health information.

Monogenic Diabetes Mellitus Registry

IRB Protocol # 15617B

During your participation in this study, you will have access to your medical record. Dr. Greeley is not required to release to you research information that is not part of your medical record.

This consent form will be kept by the research team for at least six years. The study results will be kept in your research record and be used by the research team indefinitely. At the time of study completion, either the research information not already in your medical record will be destroyed or information identifying you will be removed from study results. Any research information in your medical record will be kept indefinitely.

Data from this study may be used in medical publications or presentations. Your name and other identifying information will be removed before this data is used. If we wish to use identifying information in publications, we will ask for your approval at that time.

#### WHAT ARE MY RIGHTS AS A PARTICIPANT?

Taking part in this study is voluntary. If you choose not to participate in this study, your care at the University of Chicago/University of Chicago Medical Center, or the clinic/hospital at which you are being treated, will not be affected. You may choose not to participate at any time during the study. Leaving the study will not affect your care at the University of Chicago/University of Chicago Medical Center, or the clinic/hospital at which you are being treated.

If you choose to no longer be in the study and you do not want any of your future health information to be used, you must inform Dr. Greeley in writing at the address on the first page. Dr. Greeley may still use your information that was collected prior to your written notice.

You will be given a signed copy of this document. This consent form document does not have an expiration date.

#### WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

You have talked to \_\_\_\_\_ about this study and you had the opportunity to ask questions concerning any and all aspects of the research. If you have further questions about the study, you may call the monogenic diabetes line at (773) 702-0829.

If you have any questions concerning your rights in this research study you may contact the Institutional Review Board, which is concerned with the protection of subjects in research projects. You may reach the Committee office between 8:30 am and 5:00 pm, Monday through Friday, by calling (773) 702-6505 or by writing: Institutional Review Board, University of Chicago, 5751 S. Woodlawn Ave., McGiffert Hall, Chicago, Illinois 60637.

**CONSENT****SUBJECT (18 years of age or older):**

The research project and the procedures associated with it have been explained to me. The experimental procedures have been identified and no guarantee has been given about the possible results. I will receive a signed copy of this consent form for my records.

I agree to participate in this study. My participation is voluntary and I do not have to sign this form if I do not want to be part of this research study.

Signature of Subject: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (Circle)

**PERSON OBTAINING CONSENT/ASSENT:**

I have explained to \_\_\_\_\_ the nature and purpose of the study and the risks involved. I have answered and will answer all questions to the best of my ability. I will give a signed copy of the consent form to the subject or the family.

Signature of Person Obtaining Consent: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (Circle)

**INVESTIGATOR/PHYSICIAN:**

Signature of Investigator/Physician \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (Circle)

**PARENT/GUARDIAN/ OR LEGALLY AUTHORIZED REPRESENTATIVE:**

I give my permission for my child/relative to participate in the above described research project.

Signature of Parent/Guardian/or Legally Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (Circle)

**ASSENT****SUBJECT (12-17 years old):**

The research project and the procedures have been explained to me. I will receive a signed copy of this assent form for my records.

I agree to participate in this study. My participation is voluntary and I do not have to sign this form if I do not want to be part of this research study.

Signature of Subject: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (Circle)