

**Management and Outcomes of Perioperative Care  
among European Diabetic Patients: (MOPED): A prospective observational,  
international cohort study**

**PATIENT CONSENT FORM**

*This is for local use only – Do not send this back to Sponsor*

**Centre Number:**

**Study Identifier:** MOPED -

**Patient Identification Number for this trial:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of Researcher/Site Local Coordinating Investigator:**

Please note that to take part in the MOPED study, all boxes must be initialled, and the form signed and dated.

1. I confirm that I have read and understand the information sheet (Version 1.1 amended version for Ireland) for the above study. I have had enough time to consider the information, the opportunity to ask questions and I have received satisfactory answers.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
  
3. I understand that my personal data will be stored locally, and that only pseudonymised/coded data will be entered on the electronic database located in Europe.
  
4. I agree to the processing and use of my personal data as described in the information sheet
  
5. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the European Society of Anaesthesiology and Intensive Care, from the relevant ethical committee and regulatory authorities. I give permission for these individuals to have access to my records.
  
6. I give permission for my doctors and other health professionals, to release information to the European Society of Anaesthesiology of Intensive Care in a coded electronic form that is pseudonymised, concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential

7. I agree to a follow up telephone call from the research team about 30 days after my surgery

8. I agree to take part in the above study

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of staff taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature