Please check one of the following:

____ You are an adult subject in this study.

____ You are the parent or guardian granting consent for a minor in this study.

Print minor’s name here:

_________________________________________

The following information applies to the individual or to his/her minor child. If the subject is a minor, use of "you" refers to "your child."

Are you participating in any other research studies? __YES __NO

INTRODUCTION TO RESEARCH STUDIES

A research study is designed to answer specific questions, sometimes about a drug or device’s safety and its effectiveness. Being in a research study is different from being a patient. When you are a patient, you and your personal doctor have a great deal of freedom in making decisions about your health care. When you are a research subject, the Protocol Director and the research staff will follow the rules of the research study (protocol) as closely as possible, without compromising your health.

PURPOSE OF RESEARCH

You are being asked to continue as a research volunteer in the TrialNet Natural History Study of the Development of Type 1 Diabetes. As you know, TrialNet is an international research group dedicated to the study, prevention and early treatment of type 1 diabetes. The study will help us learn more about how type 1 diabetes occurs. In addition, the study will help us identify people who may be eligible for diabetes prevention trials.

You recently participated in TrialNet Natural History Screening. If you were found to have autoantibodies in Screening you may be more likely to develop type 1 diabetes than other people. The Monitoring part of the TrialNet Natural History Study offers follow-up visits for people who are at risk for type 1 diabetes. We are also asking some people without autoantibodies to take part in Monitoring to help us better understand differences between people with and without autoantibodies over time.
DURATION OF STUDY INVOLVEMENT

Individuals with one autoantibody will have an Oral Glucose Tolerance Test (OGTT) and HbA1c at their first monitoring visit to determine their monitoring plan. If these results confirm you are at a lower 5-year risk for diabetes, you will have Annual Monitoring (every 12 months) for at least 5 years or until the end of the study.

Individuals found to have two or more autoantibodies during Screening, and those with one autoantibody and other test results that indicate a higher 5-year risk of diabetes at the first monitoring visit will have Semi-Annual Monitoring (every six months) for at least 5 years or until the end of the study.

PROCEDURES

Annual Monitoring for those with Autoantibodies at Screening

Annual monitoring visits include testing for autoantibodies and HbA1c. If your HbA1c increases or you develop two or more autoantibodies you will be asked to come for Semi-Annual Monitoring so that you can be followed more closely for possible progression towards type 1 diabetes.

We will ask about your health, current medications and ask you questions about your diet and activity at each annual visit.

Semi-Annual Monitoring for those with Autoantibodies at Screening

Semi-annual Monitoring visits include blood tests for autoantibodies, HbA1c, as well as an Oral Glucose Tolerance Test (OGTT).

At each visit, we will ask about your health and current medications. Once a year we will ask you questions about your diet and activity.

Annual Monitoring for those without Autoantibodies

Some individuals without autoantibodies during screening will undergo annual testing for autoantibodies, HbA1c, as well as an OGTT. If you develop autoantibodies, you will change to the
Annual or Semi-annual monitoring schedule as outlined above.

The total amount of blood we will take for these tests usually will not be more than 3 tablespoons.

These tests are described here:

- **Oral Glucose Tolerance Test (OGTT)**
  After an overnight fast (not eating during the night), you will have an OGTT. This test is done to measure the level of glucose (sugar) in the blood after you drink a sweet liquid that contains glucose over a 5-minute period. To make taking blood easier, we will place an intravenous needle and plastic tube (IV) in a vein in your arm. This IV will stay in your arm until the end of the test. Blood samples will be drawn through the IV before you drink the liquid and then several times after you have finished drinking it. The total visit time will be less than 3 hours.

- **Autoantibody Test**
  This test looks to see if you have diabetes-related autoantibodies in your blood. Autoantibodies are proteins that are made by the body's immune system. They are a sign that the cells in the pancreas that produce insulin could be damaged. These proteins can be found in the blood years before a person develops type 1 diabetes.

- **HbA1c Test**
  This blood test measures a person’s average blood glucose level for the last 2-3 months before the test.

**Blood Samples for Understanding Type 1 Diabetes**

An important part of this study is to better understand what causes type 1 diabetes, to look for new ways to identify people at risk for disease, and to get ideas about new treatments in the future. While TrialNet is ongoing, these samples will be used only by TrialNet approved researchers. As such, we will be collecting blood samples including genetic samples for these studies at most of your visits. You will not routinely be provided with test results from these studies.

In addition, we may occasionally contact you to ask if you would be willing to donate blood again. This will be no more than six times a year. We will always tell you what we need and how much blood we expect to draw, and then let you decide if you are able to help us at that time.

With your permission, we would also like to store samples of your blood. Your blood samples could
be stored for a number of years, but we can’t say for how long. Your blood samples will be stored
without your name or any other identifying information on them. You will not routinely be provided
with test results from stored samples. If you do not want to have your samples stored, you can still
participate in the rest of the study.

As long as TrialNet continues, you can have your stored blood sample(s) destroyed at any time if you
wish. However, once TrialNet is over, your sample(s) cannot be destroyed since they can no longer
be identified as belonging to you.

Storage of Samples in NIDDK Repository

When TrialNet is over, we intend to put any remaining samples, including genetic samples, into the
National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) repository for future studies
related to type 1 diabetes and its complications. They will be stored there indefinitely without your
name or any other identifying information on them. Once in the repository, you will not be able to have
them removed. Researchers must first get permission from the National Institute of Diabetes &
Digestive & Kidney Diseases (NIDDK) to use samples from the repository.

Any tissues you have donated which are used in research may result in new products, tests, or
discoveries. In some instances, these may have potential commercial value and may be developed
and owned by the Investigators, Stanford University and/or others. However, donors of tissues do not
retain any property rights to the materials. Therefore, you would not share in any financial benefits
from these products, tests, or discoveries.

The following checkbox gives you the choice of allowing us to put any remaining blood samples in the
NIDDK repository. Even if you decide not to have your remaining blood samples stored, you can still
participate in this study.

Are you willing to allow us to put any remaining blood samples in the NIDDK repository (please initial
yes or no)?

_________YES   _________NO
Additional Information

You will be offered the results of your OGTT, autoantibody and HbA1c testing after each visit. In some cases, we may ask you to repeat certain tests before your next routine study visit to see if you are eligible for a prevention study. If you decide to participate in a prevention trial, you will be asked to sign another consent form and you will not have any further visits as part of the Natural History Study. If you were to develop type 1 diabetes, you might qualify for research studies for people with new-onset type 1 diabetes. The data obtained from this study will be combined with data from any other TrialNet studies you might enter.

TISSUE SAMPLING FOR GENETIC TESTING, OTHER TESTING, OR BANKING FOR FUTURE RESEARCH

1. Introduction.

Research using tissues (blood, cells, tissues or body fluids) is an important way to try to understand human disease and/or the role genes play in disease. You have been given this consent form because the investigators want to include your tissues in a research project, or because they want to save such samples for research. There are several things you should know before allowing your tissues to be studied:

2. Subject Identification.

Your tissues will be stored under another unique identifier. Your name or other public identifiers will not be included with any data shared with other investigators.

3. Risks.

By genetic research, we mean research that studies the characteristics, genes, gene versions that are transmitted by parents to offspring. This may include many types of information, such as personal appearance and biochemistry, gene sequences, genetic landmarks, individual and/or family medical histories, reactions to medication, and responses to treatment.

Disease testing and genetic research raises certain questions about informing you of any results. Possible risks of knowing results include: anxiety and other psychological distress. Sometimes patients have been required to furnish information from genetic testing for health insurance, life insurance, and/or a job. A Federal law, the Genetic Information Nondiscrimination Act of 2008 (GINA), generally makes it illegal for health
insurance companies, group health plans, and employers with 15 or more employees to discriminate against you based on your genetic information. A possible risk of not knowing includes being unaware of the need for treatment. These risks can change depending on the results of the research and whether there is a treatment or cure for a particular disease. Sometimes patients have been required to furnish information from genetic testing for health insurance, life insurance, and/or a job. Donation of tissues for these research purposes is not genetic testing. (However, if you are interested in such clinical testing or genetic counseling, you should contact your physician.)

4. Reporting Results To a Subject.

At the completion of the study the staff will discuss with you whatever results are available with respect to your participation in the study. Any new information developed during the course of the study that may affect your participation in this study will be provided to you.

5. Right to Withdraw.

You have the right to refuse to allow your tissues to be studied now or saved for future study. You may withdraw from this study at any time. The investigators might retain the identified samples, e.g., as part of your routine clinical care, but not for additional research.

6. Completion of Your Research.

With your permission, your blood samples will be stored for a number of years, but we can’t say for how long.

7. Follow Up Contacts.

Investigators in this study may try to re-contact you in the future. If you are re-contacted and want to know what the investigators have learned about your tissue samples, you should understand the following possibilities:

Information may be too sketchy to give you particular details or consequences.

You may be determined to carry a gene for a particular disease that can be treated. You may be determined to carry a gene for a particular disease for which there is no current treatment.
You carry a gene for a disease and might consider informing relatives that they, too, might carry the gene. Genetic counselors can help sort out the various options in such a case.

8. Use in Commercial Development of Products.

Any tissues you have donated which are used in research may result in new products, tests, or discoveries. In some instances, these may have potential commercial value and may be developed and owned by the Investigators, Stanford University and/or others. However, donors of tissues do not retain any property rights to the materials. Therefore, you would not share in any financial benefits from these products, tests, or discoveries.

**SUBJECT’S RESPONSIBILITIES**

You should:

- Keep your study appointments. If it is necessary to miss an appointment, please contact the Protocol Director or research study staff to reschedule as soon as you know you will miss the appointment.
- Tell the Protocol Director or research study staff about any side effects, doctor visits, or hospitalizations that you may have.
- Tell the Protocol Director or research staff if you believe you might be pregnant or gotten your partner pregnant.
- Ask questions as you think of them.
- Tell the Protocol Director or research staff if you change your mind about staying in the study.

While participating in this research study, you should not take part in any other research project without approval from all of the Protocol Directors. This is to protect you from possible injury arising from such things as extra blood drawing, extra x-rays, the possible interaction(s) of research drugs, or other similar hazards.

**WITHDRAWAL FROM STUDY**

Participation in this study is voluntary. You can withdraw your consent at any time. If you choose to stop being in the study, tell a study staff member. Your current or future care will not be any different if you decide not to be in this study or to stop being in this study at any time. You will be told of any new findings that may affect your being in this study.
The Protocol Director may also withdraw you from the study and the study medication may be stopped without your consent for one or more of the following reasons:

- Failure to follow the instructions of the Protocol Director and/or study staff.
- The Protocol Director decides that continuing your participation could be harmful to you.
- Pregnancy (if applicable).
- You need treatment not allowed in the study.
- The study is cancelled.
- Other administrative reasons.
- Unanticipated circumstances.

POSSIBLE RISKS, DISCOMFORTS, AND INCONVENIENCES

You could have discomfort and/or a bruise when you get your blood drawn. Once in a while, some people may faint. It is rare, but some people may get an infection, a small blood clot, swelling of the vein and surrounding tissue, or bleeding at the needle puncture site. There are also some risks to the OGTT. Some people may feel nauseous when they have the OGTT. There will be protections in place to keep information about you confidential. If you are at greater risk for diabetes, it could make you worry. If you are very worried, we can offer a referral for counseling. Money to pay for counseling will not be provided.

POTENTIAL BENEFITS

No benefit can be promised you from participation in this study. If you were to develop diabetes, it is possible it would be found sooner and decrease the chance of sickness and hospitalization. This study may also increase knowledge about the prevention of type 1 diabetes in the future.

WE CANNOT AND DO NOT GUARANTEE OR PROMISE THAT YOU WILL RECEIVE ANY BENEFITS FROM THIS STUDY.
ALTERNATIVES
You can choose not to participate in this study.

SUBJECT’S RIGHTS
You should not feel obligated to agree to participate. Your questions should be answered clearly and to your satisfaction.

If you decide not to participate, tell the Protocol Director. You will still receive care for your disease and will not lose any benefits to which you would otherwise be entitled.

You will be told if any new information is learned which may affect your condition or influence your willingness to continue participation in this study.

CONFIDENTIALITY
Your consent to be in this study gives the TrialNet researchers permission to collect personal information about you and to use it for research purposes. Your consent also includes permission for the sponsor of this study (NIDDK) and the Food and Drug Administration (FDA) to review your study records.

Personal information is information such as your name that directly identifies you. This personal information will be kept in a database at the central TrialNet Coordinating Center at the University of South Florida. Your personal information will be kept separate from the data obtained in this study.

If you participate in this study you will be given a unique study code number. It will identify the study information collected from you from study examinations and procedures. This study information will not be kept with your name. It will be sent to the central TrialNet Coordinating Center at the University of South Florida.

Even though the information and blood samples we collect about you for this study will not be kept with your name, there will still be a way to link your code to your name. This will only be done if it is necessary to contact you if we have important information to share. Your name will not be linked to your code without the approval of the NIDDK.

When TrialNet is completed, your data (but not your personal identifying information) will be moved to another location that will be under the supervision of the NIDDK. Once this happens, it will no longer be possible to link your code to your name or other personal identifying information.

If you were previously screened for the Diabetes Prevention Trial – Type 1 Study (DPT-1), we will obtain data on your DPT-1 test results. By participating in this study, you are also giving permission for TrialNet researchers to use your data from the DPT-1 study.
A Certificate of Confidentiality has been obtained from the National Institutes of Health (NIH). This is intended to further protect the confidentiality of information that we obtain about you. By having a Certificate of Confidentiality, TrialNet researchers are not required to give information that can be used to identify you. For example, we cannot be forced to give information about you to insurance companies. Also, we cannot be forced to give information about you for any civil, criminal, administrative, or legislative proceedings whether at the federal, state or local level. However, the Certificate of Confidentiality does not prevent you from giving this information to others. Please understand that we will maintain the confidentiality of your research record. We cannot guarantee the confidentiality of test results provided to you if you wish to share them.

There are some rare exceptions to the protection offered by the Certificate of Confidentiality. TrialNet researchers are not prevented from telling about matters such as child abuse, certain infectious diseases, or threatened violence to yourself or others.

TrialNet researchers will consider your records private. Rarely, representatives of the Department of Health and Human Services (DHHS) or TrialNet may review or ask for a copy of your study records. If this happens, we will provide your records. Also, for auditing purposes, employees of Stanford University or its agents could be allowed to see your study records to make sure that the study is being done properly.

The results of this study may be published for scientific purposes. By signing this form you are agreeing to this. Your records and results will not be identified as belonging to you in any publication.

**INVITATION FOR QUESTIONS**

You are encouraged to ask any questions you may have about the study. In the event of a research related injury you should contact one of the investigators immediately. If you have any questions about your rights as a research subject, you may contact Darrell Wilson, MD, at 650-723-5791.
Authorization To Use

Your Health Information For Research Purposes

Because information about you and your health is personal and private, it generally cannot be used in this research study without your written authorization. If you sign this form, it will provide that authorization. The form is intended to inform you about how your health information will be used or disclosed in the study. Your information will only be used in accordance with this authorization form and the informed consent form and as required or allowed by law. Please read it carefully before signing it.

What is the purpose of this research study and how will my health information be utilized in the study?

The specific purpose of the TrialNet Natural History Study of the Development of Type 1 Diabetes is to learn more about how type 1 diabetes occurs. TrialNet researchers will review all your medical records as may be necessary for the purposes of this study. Information from your research records will be sent to our central coordinating center at the University of South Florida for statistical analysis. After the study is completed, the study data may be placed in a government information bank and may become available to researchers under the supervision of the NIDDK/NIH.

Do I have to sign this authorization form?

You do not have to sign this authorization form. But if you do not, you will not be able to participate in this research study. Signing the form is not a condition for receiving any medical care outside the study.

If I sign, can I revoke it or withdraw from the research later?

If you decide to participate, you are free to withdraw your authorization regarding the
use and disclosure of your health information (and to discontinue any other participation in the study) at any time. After any revocation, your health information will no longer be used or disclosed in the study, except to the extent that the law allows us to continue using your information (e.g., necessary to maintain integrity of research). If you wish to revoke your authorization for the research use or disclosure of your health information in this study, please contact: Darrell Wilson, MD, (Phone (650) 723-5791).

What Information Will Be Used or Disclosed?

Your health information related to this study, including, but not limited to all medical information collected from or about the subject in connection with this study. The results of blood samples and related records, physical examinations, x-rays, MRI’s, etc, may be used or disclosed in connection with this research study.

Who May Use or Disclose the Information?

The following parties are authorized to use and/or disclose your health information in connection with this research study:

The Protocol Director – Darrell M Wilson

The Stanford University Administrative Panel on Human Subjects in Medical Research and any other unit of Stanford University as necessary.

Other members of the TrialNet Study team, here at Stanford University and at the other 15 study sites and data collection centers.

Who May Receive / Use the Information?

The parties listed in the preceding paragraph may disclose your health information to the following persons and organizations for their use in connection with this research study:

The Office for Human Research Protections in the U.S. Department of Health and Human Services

The National Institutes of Health, the Food and Drug Administration, as well as other
federal and state agencies as required by law
The TrialNet Coordinating Center at the University of South Florida
Other members of the TrialNet team at the other study sites.
Your information may be redisclosed if the recipients described above are not required by law to protect the privacy of the information.

When will my authorization expire?
Your authorization for the use and/or disclosure of your health information will continue until September 13th, 2103.

Will access to my medical record be limited during the study?
To maintain the integrity of this research study, you may not have access to any health information developed as part of this study until it is completed. At that point, you would have access to such health information if it was used to make medical or billing decision about you (e.g., if included in your official medical record).

______________________________
Signature of Subject

______________________________
Signature of Legally Authorized Representative

______________________________
Date

Description of Representative's Authority to Act for Subject
FINANCIAL CONSIDERATIONS

COST
There will be no direct cost to you to participate in the study.

PAYMENT
You will receive $50 for each study visit as well as for minor travel and/or parking costs. Legally, you can be paid only if you are a US citizen, a legal resident alien (i.e., possess a "green" card), or have a work eligible visa sponsored by the paying institution. If this research project results in a product that can be sold, you will not receive a share of money that is made.

SPONSOR
This study is sponsored by the National Institutes of Health (NIH), primarily the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Other support is from the Juvenile Diabetes Research Foundation and the American Diabetes Association.

CONTACT INFORMATION

Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director, Darrell Wilson, MD at 650-723-5791. You should also contact him at any time if you feel you have been hurt by being a part of this study.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 3000 El Camino Real, Five Palo Alto Square, 4th Floor, Palo Alto, CA 94306.

Appointment Contact: If you need to change your appointment, please contact Trudy Esrey or any other TrialNet Study Coordinator at 877-232-5182.

COMPENSATION
All forms of medical diagnosis and treatment -- whether routine or experimental -- involve some risk of
injury. In spite of all precautions, you might develop medical complications from participating in this study. If such complications arise, the Protocol Director and the research study staff will assist you in obtaining appropriate medical treatment but this study does not provide financial assistance for additional medical or other costs. Additionally, Stanford is not responsible for research and medical care by other institutions or personnel participating in this study. You do not waive any liability rights for personal injury by signing this form.

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

Persons who participate in a medical experiment are entitled to certain rights. These rights include but are not limited to the subject's right to:

- be informed of the nature and purpose of the experiment;
- be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized;
- be given a description of any attendant discomforts and risks reasonably to be expected;
- be given an explanation of any benefits to the subject reasonably to be expected, if applicable;
- be given a disclosure of any appropriate alternatives, drugs, or devices that might be advantageous to the subjects, their relative risks and benefits;
- be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise;
- be given an opportunity to ask questions concerning the experiment or the procedures involved;
- be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation without prejudice;
- be given a copy of the signed and dated consent form;
- be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress coercion or undue influence on the subject's decision.
YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THIS STUDY WITH THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

________________________________________  ___________________________  _________________
Signature of Adult Participant                Print Name                                         Date

OR

________________________________________
Signature of Legally Authorized Representative
(e.g., parent(s), legal guardian or conservator)

Date

Description of Representative’s Authority to Act for Subject

Person Obtaining Consent

The IRB determined that the permission of one parent is sufficient for research to be conducted under 45 CFR 46.404, in accordance with 45 CFR 46.408(b).

I attest that the requirements for informed consent for the medical research project described in this form have been satisfied – that the participant has been provided with the Experimental Subject’s Bill of Rights, if appropriate, that I have discussed the research project with the participant and explained to him or her in non-technical terms all of the information contained in this informed consent form, including any risks and adverse reactions that may reasonably be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

________________________________________  ______________________________
Signature of Person Obtaining Consent  Date