We want to tell you about a research study. Someone in your family has diabetes. You may have a greater chance of getting diabetes too. Diabetes makes people sick because there is not enough insulin in the body. Insulin is needed so that your body can use the food that you eat which gives you energy to run and play.

We would like to find out more about your risk of getting diabetes. To do this, we will need to stick your arm with a needle to do a blood test. This could sting and you could be sore or have a bruise afterwards.

You may also do the blood test using a test kit at home. Your parent, or the person who cares for you, will assist you with pricking your finger to collect the blood. You could have a bruise from collecting the blood from your fingertip.

Sometimes we need to do the blood test a second time in order to be sure of the results. If we find that you may be at risk of getting diabetes, we will ask you and your parents if you want to continue in this research study.

We hope this research study will help us to understand how people get diabetes. The study could also help us learn more about preventing diabetes. Being in this study is your choice. You do not have to be in this study and if you do, you can change your mind and stop the study. The study team will not get mad at you if you do not want to be in the study.

If we find out that you are not likely to get diabetes now, you still might have a chance of getting it later. We may ask you to come back to repeat the blood test in the future. Please ask any questions you might have.
ASSENT FOR CHILDREN 7-11 YEARS of AGE:

I asked and got answers to my questions. I know that I can ask questions about this study at any time.

I want to be in the study at this time.

Child’s Printed Name: 
_______

Child’s Signature: ___________________________________________
(Note: Child’s signature is not required when sending blood sample with test kit.)

Date: ______________________

I have explained the research at a level that is understandable by the child and believe that the child understands what is expected during this study.

Signature of Person Obtaining Assent:
________________________________________________________

Date: ______________________