

CENTER FOR DIABETES GENETICS
DEPARTMENT OF PEDIATRICS
HAUKELAND UNIV. HOSPITAL
N-5021 BERGEN, NORWAY
TEL. (+ 47) 55 97 51 88
www.mody.no

Birth date: _____
Name: _____
Address: _____
Country: _____
Sample date: _____

Name and address of physician: _____

Main diagnosis: _____

Requesting diagnosis for: MODY Neonatal diabetes Hyperinsulinism

Clinical information is important and necessary for analysis. Please fill in number 1-17.

Signed consent form Available at www.mody.no

Family data:

1. Other family members with diabetes? Yes No Unknown
(If yes, please indicate which family members and type of diabetes: A drawn pedigree on the back of this page will be warmly appreciated)
2. Family members with diabetes onset before 25 years? Yes No Unknown
3. Diabetes in at least 2 subsequent generations? Yes No Unknown
4. Other family members with insulin treatment? Yes No Unknown
5. Known diabetes-associated mutation in the family? Yes No Unknown
(if yes indicate which: _____)

Clinical information:

6. Height: _____ cm Weight: _____ kg
7. Age at diagnosis: _____ years
8. Fasting glucose: _____ (mmol/l)
9. Treatment _____ Dose: _____
(Diet, tablets, insulin) _____ Dose: _____
_____ Dose: _____
- 10: HbA1c: _____ %(ref. range: _____ - _____ %)

Complications

11. Retinopathy Yes No Unknown
12. Coronary disease Yes No Unknown
13. Polyneuropathy Yes No Unknown
14. Nephropathy Yes No Unknown
15. Kidney cysts Yes No Unknown
16. Hypertension Yes No Unknown

17. Other information :

REGARDING SAMPLE AND SHIPMENT

It is important that the test tubes are shipped carefully to avoid leakage. The test tubes should be marked with date, patient name and birth date. The diagnostic form and the signed consent form must be enclosed.

Samples that might be infectious should be marked with a yellow sticker. The diagnostic form should be marked in the same way.

Material:	Sample:	Shipment
DNA	1 microgram	Express mail. Room temperature is OK
Blood for DNA analysis	7 ml EDTA blood Children: 4 ml is acceptable	Express mail. Sample on ice. Avoid shipment over weekend.

It is not necessary to send both DNA and blood. DNA is preferred.

It is not allowed to use the results in scientific publication without consent from the CENTER FOR DIABETES GENETICS

FOR INTERNAL USE:

Mottatt dato : _____ Sign. _____ Vurdert av lege, sign. _____
DNA-rensing dato : _____ Sign. _____

Familienummer : _____

DNA-sekvensering

MODY-gruppen	HNF-1 alfa GCK Andre gener	Ekson: Ekson: Ekson:	
MGM	HNF-1 alfa GCK	Hele genet Hele genet	
MODY-gruppen (Hele genet)	HNF-4 alfa INS ABCC8	HNF-1 beta CEL KCNJ11	IPF-1 PRSS1
Andre tester MODY-gruppen	MLPA PRSS1 triplikasjonstest CNV		

Andre gener/tester:

Request for participation in a research project

Background and purpose

This is to invite you to participate in the research study *Epidemiological, Genetic and Clinical studies of Monogenic Diabetes*. There are two main types of diabetes: type 1 (most commonly affects children and adolescents) and type 2 (occurs primarily in adults and especially along with excess body weight). A third and more rare type is monogenic diabetes, including MODY (Maturity Onset Diabetes of the Young) and neonatal diabetes. In MODY, diabetes usually occurs before 25 years of age. The inheritance is special in that the disease breaks out in every generation. Neonatal diabetes occurs before 6 months of age and there are both spontaneous and inherited forms. Important research goals are to find how widespread monogenic diabetes is in Norway, the genetic changes that are present, and how treatment can be improved. The project has a scientific and a practical side. Scientifically, the research will shed new light on the inheritance of diabetes and increase the knowledge of its causes. The practical value of the project lies in the fact that genetic typing is important for patient follow-up since some forms of diabetes can be treated without insulin and there are good long-term prospects.

How is the study performed?

Age, gender, place of residence and information from medical records will be recorded. We also want to investigate people who have diabetes and any number of people in your family, both those with and without diabetes. Participation involves a blood sample taken from the arm. It may be that we will contact you with questions to participate in additional projects to find out more about issues related to the disease. Collaborative international laboratories may be involved in some analyses. De-identified biological materials will in that case be sent to foreign countries.

Possible advantages and disadvantages of participating in the study

Possible benefits are that we can find out why you have diabetes and how many people that is affected. We may find that you have a special form of diabetes and that this has implications for treatment and prognosis. The possible downside is that the study involves the storage of data and blood samples, and additional examinations and blood tests may be requested. There are no special risks associated with the investigations.

What happens to the samples and information?

The information and samples are used as described in the purpose of the study. The information is stored on a separate computer at Haukeland University Hospital. Names and personal identity can only be connected with information about you through a code that only authorized personnel have access to. The CEO of Helse Bergen is the data controller. It may be relevant to link to the National Registry, the Medical Birth Registry, the Cause of Death Registry and the Norwegian Patient Registry. Blood samples are stored in a research biobank. Helse-Bergen, Haukeland University Hospital, is responsible for the biobank. Deletion of information and removal of blood samples from the biobank is planned in 2022, but may be extended upon application to and approval by the Ethics Committee. It will not be possible to identify you from the study results if published.

Voluntary participation

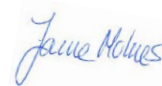
It is voluntary to participate. You may withdraw at any time and with no reason. Stored information will then be deleted and the samples destroyed. This will not affect the treatment of your illness. If you wish to participate, please sign the consent statement. You have the right to obtain results that are important for your diabetes. Contact the project manager if you have any objections or questions regarding the study.



Pål Rasmus Njølstad MD PhD
Professor, leader



Jørn V. Sagen MD PhD
Professor



Janne Molnes, PhD
Senior engineer

Consent to participate in the study

A: Patient and parents

I am willing to participate in the study *Epidemiological, genetic and clinical studies of monogenic diabetes*.

(Name with CAPITAL LETTERS)

(Signature by project participant, date)

(Signature by parents, date)

For patients below 16 years, at least one of the parents needs to sign. Patients older than 16 years can sign alone.

B: Caring physician

I confirm to have given information about the study

(Signature, caring physician, date)