**Consent Form**

**The effect of exercise timing on glycemic control in individuals with Type 2 diabetes mellitus**

1. I agree voluntarily to take part in this study.
2. I have read the Information Sheet provided and been given a full explanation of the purpose of this study, of the procedures involved and of what is expected of me. The researcher has answered all my questions and has explained the possible problems that may arise as a result of my participation in this study.
3. I can confirm that I am between the ages of 20-60 years and am a non-smoker. I do not have (i) any condition which limits my ability to exercise; (ii) I am not on insulin or beta blockers; (iii) I have not had previous surgery for weight loss; (iv) I am not pregnant; (v) I have not had a previous history of heart, lung, kidney or liver disease.
4. I understand I am free to withdraw from the study at any time without needing to give any reason.
5. I understand I will not be identified in any publication arising out of this study.
6. I understand that my name and identity will be stored separately from the data, and these are accessible only to the investigators. All data provided by me will be analysed anonymously using code numbers.
7. I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.
8. I understand that as part of this project:
	1. Blood will be sampled from a vein on your forearm using a venous catheter. I have been informed about the number of blood samples and the timing of blood samples.
	2. A DEXA scan will be performed and I understand the risks involved with the DEXA scan.
9. I understand that data provided by me may be used for future research or analysis.
10. I understand that the researchers may wish to contact me in the future to invite me to participate in other research projects. Please check one of the following:

🞏 I am interested in participating in the current project, but do not provide my consent to be contacted about future research projects.

🞏 I am interested in participating in the current project and provide my consent for research to contact me about future research projects.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …..../..…../…….

(Name)

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ..…../…..../…….

(Name)