



The OPEN Project
www.open-diabetes.eu

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Participant Consent Form

Clinical Data from two Perspectives: Assessment of HCP-Reported and Patients' Self-Reported Clinical Outcomes

I, _____ (*name of the study participant*), hereby consent that my healthcare professional, _____ (*name of the healthcare professional*), may pass on the following data, based on the information from my patient file/chart, to the OPEN study in **anonymized form**:

- HbA1c levels,
- occurrence of severe hypoglycemic events,
- diabetic ketoacidosis,
- diabetes-related complications and comorbidities.

Place and date

Signature of the study participant

Note to the HCP:

Please store this consent form locally in the patient record file and keep it for 10 years.

(No further action is required from your side. The form does not have to be returned to the OPEN study team.)