## Participant consent form

I here	by consent that my healthcare professional,	(Name), may pass
on the	e following data, based on the information from my patient file/chart	t, to the OPEN study ir
anony	mised form:	
•	HbA1c levels,	
•	occurrence of severe hypoglycemic events	
•	diabetic ketoacidosis	
•	diabetes-related complications, comorbidities	
Date:	Signature:	