Dear interview participant:

In an attempt to bring remote diabetes testing equipment to Mount Sinai Hospital, we require information regarding individual patient’s daily testing procedure as well as information about the patient’s meetings with their doctor and the storage of their vitals readings. This will allow us to create a general system that will meet the patients of Mount Sinai’s needs.

Involvement is voluntary. If you choose to participate, we will not be recording your identity, but we will need your age, gender and current medical condition. Your specific information will only be used to generalize the information and it will not be given to anyone outside of the researching team.

Your involvement will help us to create a diabetes testing program that will be automatically providing your doctor’s with your daily readings. This should decrease the amount of time you will spend in a clinic, as well as increase the quality of care your physician will be able to provide.

There are not any foreseeable risks to your person; however if you feel uncomfortable at any point during the interview you have the right to withdraw without penalty. You also have a right to refuse participation. Current and future treatment will in no way be affected by your participation.

If you have any additional questions, please feel free to call or Professor Eliezer Geisler at 312.906.6532. Please note that we are not affiliated with Mount Sinai Hospital.

If you would like to participate in an interview, have read this letter fully and understand all its components please sign your name in the space provided.

Thank you for your time and consideration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Patient Name (Printed) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Caregiver Name (Printed) Signature Date