

Partners Human Research Committee
APPROVAL Effective Date

April 29, 2011

Faustman Lab Pre-Appointment Information Form

Thank you for taking the time to fill out this form which will help us prepare all the necessary paperwork for your appointment. This form will NOT be used for any screening purposes, and is only intended to aid in the process of preparing the paperwork for your visit to the lab.

Patient name: _____ Date of birth: _____ Sex: M/ F

Parents' names if patient is a minor: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Do you have Type 1 diabetes? Yes/No If yes, please fill out the lines directly below.

Age of diabetes onset: _____

List diabetic complications:

List any other diseases including any other autoimmune diseases:

List current medications and dosage:

Medication	Dosage	Medication	Dosage

Are you or your child interested in: _____	Yes	No
Giving a research blood sample?		
Participating in future phases of our trial?		
Supporting our research by making a donation?		
Assisting with our fund-raising efforts?		

Please send this completed form to: _____

E-mail: diabetestrial@partners.org —

Fax: 617-726-4095

Mail: Dr. Denise Faustman
Massachusetts General Hospital
Immunology Lab - Diabetes Research
CNY, 13th Street, Building 149, Room 3603
Charlestown, MA 02129