Consent form



Consent to take part in Diabetic RetinaScreen

Diabetic RetinaScreen offers free, regular diabetic retinopathy screening to people with diabetes aged 12 and over. This information sheet explains why you need to give your consent to be part of the programme.

Why do you need to give your consent?

Giving your consent means you allow Diabetic RetinaScreen to receive, hold and use your personal details and information about your diabetic retinopathy screening test. This information may include past and future digital images of your retina and associated results.

This information will be shared within Diabetic RetinaScreen, with your GP (family doctor), the photographer who took the images of your eyes, graders who assess the images, the ophthalmology clinic and the National Diabetes Programme.

Where will my information be stored?

It will be stored on the Diabetic Retinopathy Screening Register (DRSR). This is a secure database that lists the name, address, date of birth and GP (family doctor) details of each person who takes part in Diabetic RetinaScreen. For confidentiality, each person on the database has a unique identification number, known as the Diabetic Retinopathy Screening ID (DRS ID).

The DRSR records the results of your screening test and any related procedures and results. Under the Data Protection Act, your personal details and health records are kept safe and private at all times.

How will my information be used?

Diabetic RetinaScreen will use your information to invite you for your free diabetic retinopathy screening test when it is due. We will use your information to compile figures and reports to help us find out how well the programme is working. Diabetic RetinaScreen, the photographer who took the images of your eyes, your grader and/or the ophthalmology clinic may use your information to tell you if you need any follow-up treatment.

Diabetic RetinaScreen may use your information to invite you to take part in research. It is your choice to take part or not.

The image of your retina may be used in teaching. It may also be used in reviewing the photographer and graders to ensure the quality of the programme.

Your name will never be included in any reports, teaching or reviews.

Consent to the use of eye drops

As part of my diabetic retinopathy screening test, I consent to the use of eye drops to dilate my pupils. The purpose and possible side effects of eye drops have been fully explained to me.

I am aware that

- I may feel a stinging sensation (like getting soap in my eye) when the drops are first put in my eyes.
- Blurring of vision can be expected to last for up to nine hours and some people are affected longer than others.
- I should not drive until my vision returns to normal.
- My eyes can feel sensitive to light for up to nine hours after the drops have been used. Sunglasses may help.
- It may be difficult to read for up to nine hours.
- I should not rub my eyes after the drops are first used.
- I may not wear contact lenses for at least two hours after the eye drops have been used.
- Very rarely the use of eye drops may cause a condition called 'acute glaucoma'. I have been given more information on what to do if this happens.