

## Signed Informed Consent Form

<b>CONSENT FORM</b>	
<b>to participate in the research study</b>	
<b>Please answer the following questionnaire in order to give written your participation consent to the following study:</b>	
<b>The effects of a 6-month exercise training program on glycemic control, lipid profile, and functional capacity of diabetic kidney transplant recipients</b>	
Question	Yes or No
I have been told that this is an anonymous study that respects patients' identity and clinical data	
I have received all the appropriate information about this study	
I have been told that the authors currently plan to submit this randomized controlled trial for publication in a medical journal, for educational purposes	
I am not required to sign this form and I may refuse to do so. My medical treatment and payment for healthcare will not be affected by whether or not I sign this document	
I will not be paid in any manner to participate in this study	
I have been told that I can leave the study at any time I want	
I finally give my permission to participate to the above-mentioned study	

Surname (just the first letter):		Name:	
Signature:		Date:	