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OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL- Informed Consent Tracking Visit 2

ID NUMBER:	<input type="text"/>	FORM CODE: ICT VERSION: 1, 6/24/2014	Contact Occasion	<input type="text"/> <input type="text"/>	SEQ #	<input type="text"/> <input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. *Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.* After obtaining the participants witnessed signature on the informed consent document during the visit, key the responses on this screen from that document. Enter only one form per participant. If any aspect of consent is modified by the participant at a later date (such as a new restriction) update the completion date and staff ID fields to reflect the time of that change and who recorded the change in consent.

1. Agrees to yearly contact by HCHS/SOL staff to answer questions about health & address.

No 0
Yes 1
2. Agrees to release findings from examinations and non-genetic tests to their physician or clinic.

No 0
Yes 1
3. Agrees to allow HCHS/SOL and investigators HCHS/SOL works with to study samples (blood, cells and urine) in current and future research.

No 0
Yes 1
4. Agrees to allow scientists not associated with HCHS/SOL to study samples (blood, cells and urine) in current and future research.

No 0
Yes 1
5. Agrees to allow HCHS/SOL and investigators HCHS/SOL works with to use genetic material (DNA/RNA) in current and future research.

No 0
Yes 1
6. Agrees to allow scientists not associated with HCHS/SOL to use “de-identified” samples, genetic material (DNA/RNA), and other information in current and future research.

No 0
Yes 1
7. Agrees to allow commercial or for-profit companies not associated with HCHS/SOL to use “de-identified” samples, genetic material (DNA/RNA), and other information to develop new diagnostics/treatments.

No 0
Yes 1
8. Agrees to allow HCHS/SOL staff to contact them about participating in future health-related studies.

No 0
Yes 1
9. Agrees to allow HCHS/SOL staff to contact family members about participating in future health-related studies (family members can agree/disagree participation).

No 0
Yes 1