A. Elements of INFORMED CONSENT

1. I agree to participate in the HCHS/SOL examination and procedures as described in this informed consent and to be contacted once a year by HCHS/SOL personnel to answer questions about my health and to update my address and telephone number. ............................................................................

   No  0 → Go to END
   Yes  1

2. I agree to allow HCHS/SOL personnel to release my findings from exams and non-genetic tests to physicians, clinics or persons that I designate.  
   No  0
   Yes  1

3. I agree to allow my samples (blood, urine) to be used for current and future research done by scientists who collaborate with the HCHS/SOL investigators.  
   No  0
   Yes  1

4. I agree to allow my blood to be used to obtain genetic material (DNA/RNA) to be stored for future use by HCHS/SOL and investigators they work with.  
   No  0
   Yes  1

5. I agree to be notified of genetic results that are significant to my health or the health of my family.  
   No  0
   Yes  1

6. I agree to be contacted in the future for health–related studies by HCHS/SOL personnel.
7. I agree to share my **non-genetic** data, information, and samples available to investigators not associated to HCHS/SOL and specialized laboratories
   - No 0
   - Yes 1

8. I agree to share my **genetic** data, information, and samples available to investigators not associated to HCHS/SOL and specialized laboratories
   - No 0
   - Yes 1

9. Commercial or for-profit companies that are not part of HCHS/SOL may use my **genetic and non-genetic information, data and samples** to do research to develop new diagnostic tests and medical treatments that may benefit many people.
   - No 0
   - Yes 1

10. Any other restrictions noted (choose the restriction with the lowest number, including 0)?  

    0 No restrictions
    1 Hepatitis testing
    2 Oral glucose load
    3 Oral/dental exam
    4 Lung function test
    5 Audio recording interviews
    6 Audiometric examination
    7 Other restriction

10a. If Other, specify restriction ________________________________