HCHS/SOL Informed Consent Tracking

ID NUMBER:									FORM CODE: ICT VERSION: 3, 9/18/2024	Contact Occasion	0	3	Occurrence		

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

0c. Is this a: Visit Consent 1 ☐ IC Update 2 ☐ **[Go to Q1]** V3_Phone Interview 3 ☐

0d. Participant consented to V3: Refused 0 ☐ **[End]** Agreed 1 ☐ Agreed by Proxy 2 ☐

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 participant's witnessed signature on the informed consent document during the visit, key the responses on this screen from that document. If any aspect of consent is modified by the participant at a later date (such as a new restriction) enter a new occurrence to document that change. Never update an occurrence from a prior date.

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 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 on participation). ☐
   No 0 Yes 1