



# HCHS/SOL Informed Consent Tracking

ID NUMBER:

FORM CODE: ICT  
VERSION: B 2/16/09

Contact Occasion  0  1 SEQ #  0  1

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** 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.

### 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

No 0  
Yes 1

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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 \_\_\_\_\_