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FORM CODE: ICU
VERSION: A
4/15/10

Contact Occasion	0	1	SEQ #	0	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 _____