



BRONCHOSCOPY INFORMED CONSENT TRACKING

ID NUMBER:									
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FORM CODE: BCT
VERSION: 2.0. 07/18/2019

Event: _____

0a) Date of Consent .. / /

0b) Staff Code

Instructions: After obtaining the participant's 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.

INFORMED CONSENT

- 1) The participant agrees to participate in the SPIROMICS Bronchoscopy Substudy as described in the bronchoscopy substudy informed consent.
 No₀ → **End Form**
 Yes₁
- 2) Does participant agree to allow data and biospecimens collected to be used for only research related to COPD or research related to COPD and other types of research?
 Only COPD research₁
 COPD and any other type of research₂
- 3) Participant agrees to allow data to be shared with non-SPRIOMICS investigators.
 No₀
 Yes₁
- 4) Participant agrees to allow data to be shared with commercial companies for research purposes.
 No₀
 Yes₁
- 5) Participant agrees to allow biospecimens to be stored and used for future research purposes.
 No₀
 Yes₁
- 6) Participant agrees non-genetic biospecimens may be shared with non-SPRIOMICS investigators for research purposes.
 No₀
 Yes₁

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- 7) Participant agrees non-genetic biospecimens may be shared with commercial companies for research purposes.
- No₀
- Yes₁
- 8) Participant agrees to allow biospecimens to be used to obtain genetic material (DNA/RNA) to be stored for future use by SPIROMICS.
- No₀
- Yes₁
- 9) The participant agrees to allow important findings regarding their health from SPIROMICS Bronchoscopy Substudy tests and examinations to be communicated to his/her personal doctor.
- No₀
- Yes₁

END OF FORM