EXACERBATION SUBSTUDY
INFORMED CONSENT TRACKING FORM

ID NUMBER:								FORM CODE: ECT VERSION: 1.0 7/31/13	Visit Number		SEQ #			

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0b. Code: ☐☐☐

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*.

1) Participant agrees to voluntarily agree to participate in the SPIROMICS Exacerbation Substudy..... ☐

Yes .....Y
No .....N → **Go to END**

2) Does participant agree to allow data and specimens collected to be used for only research related to COPD or research related to COPD and other types of research?..... ☐

Only COPD research 1
COPD and any other type of research.....2

3) Participant agrees to allow data to be shared with non-SPRIOMICS investigators (Y/N) ..... ☐

4) Participant agrees to allow data may be shared with commercial companies for research purposes (Y/N) ..... ☐

5) Participant agrees to allow specimens collected to be stored and used for research purposes (Y/N) ..... ☐

6) Participant agrees non-genetic biological specimens may be shared with non-SPRIOMICS investigators for research purposes (Y/N)..... ☐

7) Participant agrees non-genetic biological specimens may be shared with commercial companies for research purposes (Y/N)..... ☐

8) Participant agrees to allow blood to be used to obtain genetic material (DNA/RNA) to be stored for future use by SPIROMICS (Y/N) ..... ☐

9) The participant agrees to allow important findings regarding their health from SPIROMICS tests and examinations with his/her personal doctor (Y/N) ..... ☐