



INFORMED CONSENT TRACKING

ID NUMBER:

FORM CODE: ICT
VERSION: 2.0 7/26/11

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.

Elements of INFORMED CONSENT

1) The participant agrees to participate in the SPIROMICS examination and procedures as described in the informed consent and to be contacted every 3 months by SPIROMICS personnel.....
No N → **Go to END**
Yes Y

2a) Does your consent form separate storage of specimens by type of research (i.e., COPD versus non-COPD research)?
No N → **Go to 2b**
Yes Y → **Go to 2c**

2b) The participant agrees to allow samples (blood, urine, etc) and any product resulting from those samples (plasma, serum, etc) to be stored for current and future research done by scientists who collaborate with the SPIROMICS investigators (Y/N).....

2c) The participant agrees to allow samples (blood, urine, etc) and any product resulting from those samples (plasma, serum, etc) to be used for COPD research (Y/N).....

2d) The participant agrees to allow samples (blood, urine, etc) and any product resulting from those samples (plasma, serum, etc) to be used for non-COPD research (Y/N)

3) The participant agrees to allow SPIROMICS personnel to release findings from exams and **non-genetic** tests to physicians, clinics, or designated persons (Y/N)

4) The participant agrees to allow biological specimens to be shared with SPIROMICS investigators and outside investigators they work with (Y/N)

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- 5) The participant agrees to allow blood to be used to obtain DNA/RNA to be stored for future use by SPIROMICS and investigators they work with (Y/N)
- 6) The participant agrees to allow important findings regarding their health from SPIROMICS tests and examinations with his/her personal doctor (Y/N)
- 7) Participant agrees to allow SPIROMICS staff and investigators to contact regarding participating in additional research studies (Y/N)