



HCHS/SOL Informed Consent Update

ID NUMBER:	<input type="text"/>								
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FORM CODE: ICU
VERSION: A 3/30/11

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Use this form to record any changes in permission for any elements of informed consent as they occur after the baseline examination. The form will “pre-fill” in the DMS using the existing ICT data. Modify the form as needed and save. Update as needed should a change in any of the 10 permissions occur. 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 (appearing in the same order as Baseline)

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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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 _____