

FORM COD	E: ICT
VERSION B	09/12/2005

ID NUMBER:					CON	ITAC	T YE	AR:	VERSION	B 09/12,	/2005
LAST NAME:								INITIALS:			

INSTRUCTIONS: ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. POST-VISIT CONSENT MODIFICATION

1a. Consent changed?					. `	⁄es		1
		(Go to	ltem 4a	r	No		2
1b. Date of change?	m m	/	d	d /	у У	У	У	у
2a. Restrictions on use/storage of DNA?						Yes		1
	Go to	Item 2	d.			No		2
2b. Type of restriction on use/storage of [DNA?		C	CVD res	earch			1
			Ja	ckson I	Heart S	tudy	only	2
Go	to Item 3	a	— N	o use/s	torage	of D	NA	3
			0	ther				4
2c. Specify details of DNA restrictions: —								

ICT Version B 09/12/2005 1 of 5

3a. Other restrictions placed on procedures or use of study data?		Yes	1
or use or staut, autamment	Go to Item 4a	No	2
3b. Type of restriction on procedures or use of study data:	CVD research		1
	Jackson Heart Stud	dy only	2
	Other		3
3c. Specify details of restrictions on procedures	or use of study data:		
4a. Permission to access medical records?		Yes	17
		No	Go to Item 5
		Partial	3
4b. If partial, specify:			
5. Permission to access birth certificate?		Yes No	1 2
6a. Withdrawal from study?	Go to Item 7	Yes	1
6b. If "Yes", specify details of withdrawal reque	st:		
6c. Date of withdrawal request:	isit	уууу	

ICT Version B 09/12/2005 2 of 5