# Informed Consent Tracking Form

FORM CODE: ICT
VERSION A 04/05/2000

ID NUMBER: | | | | | | | | |  CONTACT YEAR: | | |

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. INFORMED CONSENT

1. Type of consent:..... Full — Go to Item 4a

Partial P

2a. Restrictions on use/storage of DNA? .....Yes Y

Go to Item 3a — No N

2b. Type of restriction on use/storage of DNA:..... CVD research C

Jackson Heart Study only A

Go to Item 3a — No use/storage of DNA N

Other O

2c. Specify details of DNA restrictions:_____

_____

_____

3a. Other restrictions placed on procedures or use of study data? .....Yes Y

Go to Item 4a — No N

3b. Type of restrictions on procedures or use of study data:.....CVD research C

Jackson Heart Study only A

Other O

3c. Specify details of restrictions on procedures or use of study data:_____

_____

_____

4a. Restrictions on release of results to participant's physician? .....Yes Y

Go to Item 5a — No N

4b. Type of restriction placed on releasing JHS results to the participant's physician:

Full restriction (release no results) F

Partial restriction P

4c. Specify details of restriction: _____

_____

_____

5a. Permission to access medical records?.....Yes Y — Go to Item 6

No N

Partial P

5b. If partial, specify: _____

_____

_____

6. Permission to access Birth Certificate?.....Yes Y

No N

7. Social Security Number:..... | | | | – | | | – | | | | |

## B. ADMINISTRATIVE INFORMATION

8. Date of data collection:..... | | | / | | | / | | | | |

m m d d y y y y

9. Method of data collection: ..... Computer C

Paper form P

10. Code number of person completing this form: ..... | | | |

## C. POST-VISIT CONSENT MODIFICATION

11a. Consent changed? ..... Yes Y

Go to Item 12a — No N

11b. Date of change? ..... | | | / | | | / | | | | |

m m d d y y y y

12a. Restrictions on use/storage of DNA? ..... Yes Y

Go to Item 13a — No N

12b. Type of restriction on use/storage of DNA?..... CVD research C

Jackson Heart Study only A

Go to Item 13a — No use/storage of DNA N

Other 0

12c. Specify details of DNA restrictions: _____

_____

_____

13a. Other restrictions placed on procedures or use of study data?..... Yes Y

Go to Item 14a — No N

13b. Type of restriction on procedures or use of study data:..... CVD research C

Jackson Heart Study only A

Other O

13c. Specify details of restrictions on procedures or use of study data: _____

_____

_____

14a. Permission to access medical records?..... Yes Y — Go to Item 15

No N

Partial P

14b. If partial, specify: _____

_____

_____

15. Permission to access birth certificate?.....Yes Y

No N

16a. Withdrawal from study? .....Yes Y

Go to Item 17 → No N

16b. If "Yes", specify details of withdrawal request: _____

_____

_____

16c. Date of withdrawal request: .....

| | | / | | | / | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

mm dd yyyy

17. Code number of person completing post-visit consent or withdrawal on this form.....

| | | |
|---|---|---|
| | | |