



Informed Consent Form

FORM CODE: COF
VERSION D 12/19/2003

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

Consent Form Version D

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. I agree to participate in the clinic and annual interviews, clinic examinations and record review. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I agree to participate in the 24-hour blood pressure, physical activity and urine tests. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I agree to participate in the genetic (inheritance/DNA) studies, and to provide a blood sample from which DNA will be extracted. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If selected for participation in the Family study, will allow a living tissue sample (cell line) to be taken from a blood sample for future genetic or inheritance/DNA studies. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I give my permission for JHS investigations to review a copy of my birth certificate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I give permission for JHS investigators to review a copy of my medical records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I would like to receive JHS results from the clinic examinations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I would like my health care provider to receive JHS results from the clinic examinations. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to allow my study data to be tested by scientists studying the disease listed below. | | |
| 9. Blood pressure, heart or other cardiovascular disease, obesity, diabetes, kidney disease, or lung disease and risk factors for these diseases. | <input type="checkbox"/> | <input type="checkbox"/> |

10. Any other major diseases or health conditions, such as arthritis.

I agree to allow my genetic/DNA samples to be released, for research purposes, to

11. Other researchers not collaborating with the JHS investigators who meet JHS standards and procedures.

12. Researchers from private or non-profit organizations who wish to develop diagnostic laboratory tests medications or other therapies that could benefit many people. (Note: Neither you nor your heirs will benefit financially from this, and your cell line or DNA will not be sold to anyone for profit).

ADMINISTRATIVE INFORMATION

14. Social Security

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15. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

16. Code number of person completing this form:

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Participant's Signature:

Date: