



# Informed Consent Form

FORM CODE COFE  
VERSION F: 10/7/2005

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

**Enter 9 if participant has answered Previous Consent Form for Exam 2**

- |    |  | Yes                      | No                       |
|----|--|--------------------------|--------------------------|
| 1. | I give my permission for JHS investigators to review a copy of my medical records.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I would like to receive JHS results from the clinic examinations.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I give permission for JHS to provide my health care provider with examination results, if they are outside the normal range.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | I agree to participate in the genetics (inheritance/DNA) studies, and to provide a blood sample from which DNA will be extracted.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I agree to have my study data or samples released to researchers from for-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 blood samples, blood cells, or DNA will not be sold to anyone for profit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I agree to participate in the CT Scan portion of the Jackson Heart Study to look for calcium in the arteries of my heart and other blood vessels, and to measure the amount of fat in my abdomen.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I agree to the use of my study data, including imaging scans, interview data and examination results by scientists for future research studies related to blood pressure, heart or blood vessel disease, obesity, diabetes, kidney disease and risk factors for these diseases.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I agree to the use of my study data, including imaging scans, interview data and examination results for future other research by scientists   |                          |                          |

- studying diseases not directly related to heart disease risk factors and related disease.
10. You may store and use left over samples of my blood and urine, for future research studies related to blood pressure, heart or blood vessel disease, obesity, diabetes, kidney disease, or lung disease, and risk factors for these diseases.
11. You may store and use left over samples of my blood and urine for future other research by scientists studying diseases not directly related to heart disease risk factors and related disease.
12. You may store and use left over samples of my DNA (and also any DNA prepared from a living cell line) for future research studies related to blood pressure, heart or blood vessel disease, obesity, diabetes, kidney disease, or lung disease, and risk factors for these diseases.
13. You may store and use left over samples of my DNA (and any DNA prepared from a living cell line) for future other research by scientists studying disease not directly related to heart disease risk factors and related disease.
14. I agree with my consent responses for Exam 1.

**ADMINISTRATIVE INFORMATION**

15. Social Security Number: 

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16. Date of Data Collection: 

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17. Code Number of person completing this interview: 

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