NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)
CONSENT/ASSENT AND PARENTAL PERMISSION FOR SPECIMEN STORAGE AND CONTINUING STUDIES

Print name of participant

First                      Middle                      Last

Q Why will a sample of blood and urine be kept for future health studies?

A We would like to store some of the urine and blood from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last.

Q What studies will be done with the samples?

A At this time, no specific studies are planned besides the tests included in the NHANES exam. As scientists learn more about health and diseases, other studies will be conducted that may include stored samples. People conducting these studies will not contact NHANES participants for any additional information.

We will keep strictly private all health data and samples that we collect in NHANES. Our staff is not allowed to discuss that any person is part of this survey under penalty of Federal laws: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A).

Q Who can use the stored samples for further study?

A Researchers from Federal agencies, universities, and other scientific centers can submit proposals to use the stored specimens. These proposals will be reviewed for scientific merit and by a board that determines if the study proposed is ethical. The NHANES program will always know which samples belong to you or your child, but we will not give other researchers any information that could identify you or your child.

The results of continuing study of your stored specimens may help find new ways to prevent, treat, and cure many diseases.

For persons ages 7 and over, check this box
☐ I agree that my blood and urine (if applicable) may be kept for future health studies

For parent/guardian of a child under the age of 18, check this box
☐ I agree that my child's blood and urine may be kept for future health studies

Signature of participant age 7 or over ___________________________ Date ____________

Signature of parent/guardian of participant under 18 ___________________________ Date ____________

Signature of staff member ___________________________ Date ____________ Witness (if required) ___________________________ Date ____________

SP 10

Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).