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

For persons ages 7 and over, check a box

☐ I agree that my blood and urine (if applicable) may be kept for future health studies, and that I will not be contacted with the results from these studies

☐ I disagree

For parent/guardian of a child under the age of 18, check a box

☐ I agree that my child’s blood and urine may be kept for future health studies, and that I will not be contacted with the results from these studies

☐ I disagree

Signature of participant age 7 or over Date

Signature of parent/guardian of participant under 18 Date
(Unless the participant is an emancipated minor ☐)

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required) Date

Name of staff member present when this form was signed:

________________________

SP ID ——— ——— ——— ———