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

Only for persons ages 20 and over, check a box

☐ I agree that my blood may be kept for future studies using my genes to help understand genetic links to medical conditions, and that I will not be contacted with the results from these studies.

☐ I disagree

Signature of participant age 20 or over ____________________________ Date __________

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 ____________________________