BLOOD DRAW CONSENT FORM FOR RESEARCH

We are asking you to participate in a research study. This form is designed to give you information about this study. We will describe this study to you and answer any of your questions.

Project Title: _____

Principal Investigator ("PI"): _____

What the study is about:

What we will ask you to do:

Risks and Discomforts. A blood draw may lead to lightheadedness or fainting. It may also cause bruising, prolonged bleeding, and infection at the site where the blood was drawn. In order to minimize these risks, we will swab the site of the blood draw with alcohol to disinfect the area, use disposable sterile needles and tubes to collect blood, and apply pressure to the site following the blood draw to minimize bruising.

To protect against infection, we will also provide instructions on how to care for the wound and watch it for signs of infection. It is important to know that these blood tests performed in the study are strictly for research purposes. The researcher using your blood sample is not a physician and therefore not qualified to make clinical recommendations. Furthermore, no physicians will review the results of these blood tests as the researchers are not using this test to make a diagnosis.

Benefits. There is no direct benefit to you by participating in this study. However, your participation will allow us to further understand:
_____.

Cost of Participating. There will be no cost to you from participation in the research, with the exception of transportation to and from the laboratories.

Payment. For your participation in this study, you will receive: (check one)

- ☐ - **No Payment**.
- ☐ - **Payment**. A payment of $_____ will be provided.
- ☐ - **Other**. _____.

Participation and Withdrawal. Taking part in this study is completely voluntary. If you decide not to take part or not to complete the study, it will not affect your current or future relationship with _____. If you decide to take part in the study, you are free to withdraw at any time.

Alternatives to Participation. The alternative to participation is not to participate.

Use of Samples/DNA for Future Studies. The blood samples that we collect during the study will be stored for potential use in future studies. These samples might be very useful in helping to address future research questions that may arise following the completion of this study. At the time of storage, the specimen will be identified only by catalogue numbers and any link to your personal information will be removed. The PI will oversee the storage of these specimens for up to 15 years and will regulate access to these samples by other researchers. Because your personal information will no longer be linked to the stored specimen, it will not be possible for a participant to have future access to the biological samples.

Permission for Future Research. Please indicate if you agree to let us use your tissue or cell samples for future research. You do not have to give permission to use your tissue or cell samples for future research to participate in other parts of this study. Please ask questions if you do not understand why we are asking for your permission to use your samples for future research.

Do you give us permission to use your blood or tissue for future research? (check one)

☐ - **Yes**.
☐ - **No**.

Injuries During Participation. It is highly unlikely that injury will result from participation in this research. However, in the event that any study-related activities result in an injury, treatment will be made available including first aid and referral for emergency care as needed. Cost for such care will be billed in the ordinary manner to you or your insurance company. Emergency medical care is not available on-site. No reimbursement, compensation, or free medical care will be offered. If you think that you have suffered an injury related to your participation in this study, contact the PI.

If there is a need for immediate medical attention, seek evaluation by your primary care provider or the emergency room.

Privacy/Confidentiality. In the records for this research, you will be assigned a subject number only. Access to your samples and any identifying information in the study records will be limited to the PI and staff members involved with the coordination of this research. We may also need to collect some identifying information for administrative purposes (i.e., parking services and/or an unexpected finding report); but this will not be linked to the research records. In the unlikely event of an emergency, we will also need to provide your information to medical and/or emergency personnel. The contents of

your records will not be disclosed to any party other than a university or government agency if required by law. All research records will be kept in a locked file cabinet and a password protected computer database. Please note that email communication may not be private or secure. Though all precautions are taken to protect your privacy, information sent through e-mail could be read by a third party.

Data Sharing. De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Termination of Research. The investigators, clinicians, or funding sponsor(s) may stop the study or take you out of the study at any time should they judge that it is in your best interest to do so, for example, if you experience a study-related injury, or if you do not comply with the study plan. They may remove you from the study or terminate the research for various other administrative and medical reasons. They can do this without your consent.

Question. Please ask any questions you have now. If you have questions later, you may contact the PI. If you have any questions or concerns regarding your rights as a subject in this study, you may contact _____ at _____ or access their website at _____.

You will be given a copy of this form to keep for your records.

_____

Statement of Consent. I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Participant's Signature: _____ Date: _____

Print Name: _____

Consent Recipient's Name: _____ Date: _____

Print Name: _____

This consent form will be kept by the researcher for at least five years beyond the end of the study.