

ARIC

INFORMED CONSENT TRACKING FORM

Atherosclerosis Risk in Communities

ID NUMBER CONTACT YEAR FORM CODE I C T VERSION: B 05/22/07

LAST NAME INITIALS

Public reporting burden for this collection of information is estimated to average 0 minutes per response, 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, a 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: **NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0281)**. Do not return the completed form to this address.

INSTRUCTIONS: ID Number, Contact Year and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. On the paper form, if a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response

INFORMED CONSENT TRACKING FORM (ICTB screen 1 of 2)

A. POST-VISIT CONSENT MODIFICATION

1.a. Change in restrictions on use/storage of DNA? Yes Y

Go to Item 2.a. → No N

- b. Type of restriction On use/storage of DNA?
- Full use F
 - CVD research C
 - ARIC only A
 - No use/storage Of DNA N
 - Other O

Specify details of DNA restrictions:

2.a. Change in restrictions on use/storage of study data? Yes Y

Go to Item 3.a. No N

- b. Type of restriction On use/storage of study data?
- Full use F
 - CVD research C
 - ARIC only A
 - Other O

Specify details of DNA restrictions:

INFORMED CONSENT TRACKING FORM (ICTB screen 2 of 2)

3.a. Change in permission to access medical records? Yes Y

Go to Item 4. No N

b. Type of restriction on access to medical records:

Full access F

No access N

Partial access P

If partial, specify: _____

B. ADMINISTRATIVE INFORMATION

4. Date of data Collection:

--	--	--	--	--	--	--	--

M M / D D / Y Y Y Y

5. Code number of person completing this form:

--	--	--