**Attachment 3B: Adult Consent Form for Storage of Blood Sample for Use in Future Research**

**(ATSDR OMB Control No. 0923-0048 / Expiration Date: 5/31/2016)**

**U.S. Department of Health and Human Services**

**Agency for Toxic Substances and Disease Registry**

**PFC Exposure Investigation, blood and urine sampling**

**Adult Consent for Storage of Blood Sample for Use in Future Research**

**Flesch-Kincaid Reading Level (without agency or chemical names): 7.0**

**What is this about?**

Research to better understand the health effects associated with PFC exposure is ongoing, but scientists are not currently certain of how PFC levels in the blood can affect a person’s health. More research is needed to clarify the risks posed by PFC exposure. It is possible that new tests will be developed in the future that will increase our understanding of how PFCs impact human health. We would like to keep your blood sample for five years so that scientists can test for more things if new tests are developed. To do this, we need your permission.

Your name will not be connected with any of the test results.

**What are the risks?**

Some people may feel uncomfortable about having their blood tested for other things.

**Are there benefits for me?**

There is not direct benefit to you if you let us keep your blood sample for future tests. But, helping carry out this research may increase our understanding of how PFCs impact human health.

**Do I have to give permission?**

If you do not want your blood to be used for other tests, it is okay. If you are okay with further testing, you must sign this form.

**What about confidentiality?**

If you allow us to save and use your blood, we will break the link between your name and your sample before any more tests are done. We don’t believe it will be possible to connect the results of any new tests back to you.

**Is there compensation?**

You will not be paid.

**Who do I contact if I have questions?**

If you have any questions about this testing, you can ask us now.If you have questions later, or if you change your mind about having your sample stored, you can call Rachel Worley or Bruce Tierney, MD of ATSDR toll-free at 1-855-288-0242, or email them at RWorley@cdc.gov or [BTierney@cdc.gov](mailto:BTierney@cdc.gov). If you have questions about your study rights you may contact the Centers for Disease Control and Prevention’s Institutional Review Board at 1-800-584-8814.

**VOLUNTARY CONSENT**

I agree to allow my blood sample to be saved and used for other tests. I know allowing further testing is my choice. I know I can change my mind at any time before the link between my name and my specimen is broken. I will be given copy of this permission form to keep.

**SIGNATURE**

Place ID # label here

For office use only

I give permission for my blood samples to be saved and used for other tests.

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Signature Date Time

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Printed Name