

CM4a -~~Adult~~ Consent for Biological Samples Signature Form

Population Assessment of Tobacco and Health (PATH) Study Consent for Biological Samples Signature Form

I have read the Biological Urine Samples Consent Pamphlet or it has been read to me. My questions about the PATH Study have been answered and I understand the following.

- What is involved if I decide to give samples.
- I decide whether to give samples. I can decide not to give any sample and still be part of the PATH Study.
- I decide whether my samples are used in genetic research. I can decide not to have my samples used in this research and still be part of the PATH Study.
- I can tell the PATH Study to stop storing and using my samples at any time. Also, I can tell the PATH Study to destroy my samples.
- The PATH Study will store my samples in a secure facility and make sure only qualified researchers who have agreed to keep my information private have access to them.
- The PATH Study will use my samples for a variety of tests.
- I will not get results back from the tests done on my samples.
- What the risks and benefits are if I give samples.
- I can ask more questions at any time.
- I'll get a copy of this consent form.

I agree to give:

A sample of cheek cells.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A urine sample.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A blood sample.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I agree to the use of my samples for genetic research. Yes No

Signature of Participant

_____/_____/_____
Month / Day / Year

Printed Name of Participant

ID # of Interviewer

Signature of Person Obtaining Consent

_____/_____/_____
Month Day Year

THANK YOU