



Center for
Autism and
Developmental
Disabilities
Research and
Epidemiology

CADDRE

Attachment 7

Form Approved
OMB NO. 0920-XXXX
Exp. Date XX/XX/20XX

Date of Completion: _____

SEED Teen

Supplemental Consent Forms

NOTE: The Supplemental Consent Forms include:

- 1) Consent Form for Future Contact**
- 2) Consent Form for Genetic Data Sharing**

Public reporting burden of this collection of information is estimated to average 5 minutes, 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Thank you for completing this questionnaire.