

INSTRUCTIONS: This form is to be completed after the subject's family is approached to provide consent for the Biorepository.

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____
- A2. Study visit GENETICS EVENT.....77
- A3. Date of form completion _____ / _____ / _____
M M D D Y Y Y Y
- A4. Name of person completing form _____
PRINT FULL NAME INITIALS

Section B: CONSENT VERIFICATION

- B1. Did parent/legal guardian provide consent for their child to participate in the Biorepository? YES..... 1 NO2 (END)
- a. Date consent signed _____ / _____ / _____
M M D D Y Y Y Y
- b. What type of research did the parent/guardian allow the child's blood or saliva sample to be used for in the future?
- ANY DISEASE, HEALTH CONDITION OR RISK FACTOR..... 1
- ONLY FOR HEART DEFECTS, HEART DISEASE OR RELATED RISK FACTORS.....2
- B2. Did the biological mother provide consent to participate in the Biorepository? YES..... 1 NO2 (B3)
- a. Date consent signed _____ / _____ / _____
M M D D Y Y Y Y
- b. What type of research did the biological mother allow her blood or saliva sample to be used for in the future?
- ANY DISEASE, HEALTH CONDITION OR RISK FACTOR..... 1
- ONLY FOR HEART DEFECTS, HEART DISEASE OR RELATED RISK FACTORS.....2

B3. Did the biological father provide consent to participate in the Biorepository? YES..... 1 NO2 (END)

a. Date consent signed

 / /

M M D D Y Y Y Y

b. What type of research did the biological father allow his blood or saliva sample to be used for in the future?

ANY DISEASE, HEALTH CONDITION OR RISK FACTOR..... 1

ONLY FOR HEART DEFECTS, HEART DISEASE
OR RELATED RISK FACTORS.....2

Complete R333 Biorepository Shipping & R133 Genetics Medical History Forms

END OF FORM