

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

