Additional De Novo Information

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: | A | D | I | DATE: 02/12/2018
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐ 0b. Staff ID: ☐☐☐
                      Month   Day   Year

A. RECRUITMENT

0c. How did you hear about the ACHIEVE study?

☐ $_1$ = ARIC letter

☐ $_2$ = Brochure

☐ $_3$ = Health fair

☐ $_4$ = Website

☐ $_5$ = Current participant word of mouth

☐ $_6$ = Staff word of mouth

☐ $_7$ = Other → Specify in Notelog

B. CONSENT STATUS

0d. To release study results from exams and tests (except genetic) to a designated physician or other.

☐ $_A$ = Agree

☐ $_N$ = do NOT agree

☐ $_S$ = Not applicable to site consent form

0e. To allow **ACHIEVE and investigators they work with** to study my blood samples in current and future research.

☐ $_A$ = Agree

☐ $_N$ = do NOT agree

☐ $_S$ = Not applicable to site consent form

0f. To allow **scientists not associated with ACHIEVE** to study my blood samples in current and future research.

    ☐ A = Agree

    ☐ N = do NOT agree

    ☐ S = Not applicable to site consent form

0g. To allow **ACHIEVE and investigators they work** with to use blood to obtain, store and study **genetic** material for current and future research.

    ☐ A = Agree

    ☐ N = do NOT agree

    ☐ S = Not applicable to site consent form

0h. To allow scientists and specialized laboratories not associated with ACHIEVE to study my de-identified genetic data, information, and samples for current and future research.

    ☐ A = Agree

    ☐ N = do NOT agree

    ☐ S = Not applicable to site consent form

0i. To allow for-profit/commercial companies to use my genetic and non-genetic information and samples.

    ☐ A = Agree

    ☐ N = do NOT agree

    ☐ S = Not applicable to site consent form

0j. To allow the use of my medical records.

    ☐ A = Agree

    ☐ N = do NOT agree

    ☐ S = Not applicable to site consent form

C. MEASURED HEIGHT

1. Standing height (round to nearest cm): .... ☐☐☐ cm

D. PHYSICIAN INFORMATION

2. a. First Name: _____

    b. Last Name: _____

3. Mailing Address:

    a. Clinic/Building: _____

    b. _____

    c. _____

    d. City: _____

    e. State: ☐☐

    f. Zip Code: ☐☐☐☐☐-☐☐☐☐