ADDENDUM TO MAIN STUDY CONSENT

CONSENT FOR STORAGE AND FUTURE USE OF SAMPLES

We would like to (pick one: take and store additional samples or keep and store left over samples) of your [insert blood and/or type of tissue] to use in future research studies.

We may use the samples to help us:

- Learn more about your disease.
- Learn more about other diseases or conditions.
- Learn how [the study drug, device, or procedure] works.
- Find new ways to help people feel better.
- Learn how to treat or cure [the disease or condition].

Your samples and some information about you will be stored in the ___________. The samples and information may be used by other researchers, but no identifiers will be shared and no effort will be made to reconnect or re-identify your samples.

It is your choice. You do not have to let us do this and there will be no penalty if you do not let us [pick one: keep the left over samples or take more samples]. This part of the study is optional and you can be in the study no matter what you decide.

_____ You may [keep or take], store and use samples of my [insert blood and/or type of tissue] for future research studies related to my [disease or condition].

_____ You may [keep or take], store and use samples of my [insert blood and/or type of tissue] for future research studies. The studies do not have to be related to my [disease or condition].

_____ You may not [keep or take], store and use samples of my [insert blood and/or type of tissue] for any future research studies.

_____________________________________
Printed name of Participant

_____________________________________
Signature of Participant

__________________________   __________________
Date