

OHTS Decline to Participate in Genetics Form: DG

Patient ID:

Date: / /
mm dd yy

Affix Random ID Label

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

➤ Instructions to the Patient:

- Please check all reasons why you do not wish to participate in the Genetics Study
- Your candid response is appreciated
- Please do not sign this form

“I understand I am free to refuse to participate in this study and it will in no way affect my relationship with or treatment from my healthcare provider.”

Please check (✓) all your reasons for not wishing to participate in the Genetics Study.

1. Too inconvenient to visit lab
2. Transportation to lab is a problem
3. Prefer to avoid any unnecessary tests
4. Do not like giving blood
5. Do not approve of genetic studies
6. Too much time off work
7. Study requires too much time
8. Unable to give blood
9. Other: _____

Thank you for your cooperation