

Coordinating Center use only

Rec'd .....

Log'd .....

Chk'd .....

Entr'd .....

Form Start Date:   /   /    
mm dd yy

### OHTS Genetics Ancillary Study Consent Date: GC

- Complete to confirm patient signed consent form for participation in the Genetics Ancillary Study.
- Affix with OHTS ID and Genetics Random ID labels provided.
- Send this form to Coordinating Center after confirmation of receipt of blood is received from laboratory.
- Do not photocopy completed form.
- Do not retain random ID number at clinic after GC form is sent to Coordinating Center.

Date Consent Form Signed for Genetics Ancillary Study:   /   /    
mm dd yy

Affix OHTS ID Label

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

Affix Genetics Random ID Label

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

Date Blood Sample Drawn at OHTS clinic/lab:   /   /    
mm dd yy

Clinic notified of receipt of bloods at University of Iowa:   /   /    
mm dd yy

Completed By: