Form A3a: Record of Consent for Biologic Specimen Use

ADC name: ___________________________  Subject ID: ________________  Form date: ___ / ___ / ___
Visit #: ___  Examiner’s initials: ___ ___

INSTRUCTIONS: This form is to be completed by clinic staff responsible for obtaining consents, based on an existing consent at clinic. For additional clarification, see FTLD Coding Guidebook for Initial Visit Packet, Form A3af.

One of these forms will be completed for each relative who provides a specimen.

1. What relative’s consent is being recorded on this form?
   □ 1 Mother
   □ 2 Father
   □ 3 Sibling (sibling’s birth year: ___ ___ ___)
   □ 4 Child (child’s birth year: ___ ___ ___)

   NOTE: “Unknown” (9999) is not a permissible value for sibling’s or child’s birth year. If birth year is unknown, please provide an approximate year on UDS Initial Visit Form A3 so that the sibling or child ends up in correct birth order relative to the other siblings or children.

   “Sibling’s birth year” or “child’s birth year” on this form MUST agree with the birth year listed for that person on UDS Initial Visit or UDS Follow-up Visit Form A3.

Please indicate that the above relative provided consent for the following. The wording need not be identical but should explicitly express the same points.

1a. I permit my sample to be stored and used in future research of neurologic disease at (home institution).  □ 0 No  □ 1 Yes

1b. I permit my sample to be stored and used in future research at (home institution) to learn about, prevent, or treat other health problems.  □ 0 No  □ 1 Yes

1c. There is a small chance that some commercial value may result from my sample at the National Cell Repository for Alzheimer’s Disease (NCRAD). If that were to happen, I would not be offered a share in any profits. I permit (home institution) to give my sample to researchers at other institutions.  □ 0 No  □ 1 Yes