

FOLLOW-UP VISIT PACKET NACC UNIFORM DATA SET (UDS) — FTLD MODULE

Form A3aF: Record of Consent for Biologic Specimen Use

Center: _____ Subject ID: _____ Form Date: ____/____/____

NOTE: This form is to be completed by clinic staff responsible for obtaining consents, based on an existing consent at clinic. For additional clarification and examples, see FTLD Coding Guidebook for Follow-up Visit Packet, Form A3aF.

Visit #: _____
 Examiner's initials: _____

One of these forms will be completed for each relative who provides a specimen. If the information below was previously submitted for the relative but there has been a change in consent, fill out the form in its entirety. If information recorded previously is found to be incorrect (e.g. sibling's or child's birth date), edit the original form; do not create a new entry on this form.

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 and FTLD Module Initial Visit or FTLD Follow-up Visit Form A3F (if applicable).

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).	<input type="checkbox"/> 0 No	<input type="checkbox"/> 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.	<input type="checkbox"/> 0 No	<input type="checkbox"/> 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 would happen, I would not be offered a share in any profits. I permit (home institution) to give my sample to researchers at other institutions.	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes