

**INITIAL VISIT PACKET** NACC UNIFORM DATA SET (UDS) **FTLD MODULE**

# 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 FTL D 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?**

**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.**

- 1 Mother
- 2 Father
- 3 Sibling (sibling's birth year: \_\_\_\_\_ )
- 4 Child (child's birth year: \_\_\_\_\_ )

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

<b>1a.</b>	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
<b>1b.</b>	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
<b>1c.</b>	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.	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes