



## EXACERBATION SUBSTUDY INFORMED CONSENT TRACKING

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: ECT  
VERSION: 2.0 05/14/2019

Event: \_\_\_\_\_

0a) Date of Consent   /   /

0b) Staff Code

**Instructions:** The clinical coordinator or study team member should complete this form after obtaining the participant's witnessed signature on the informed consent document during the Exacerbation substudy visit 1. Only one form per participant. This form should not be completed by the participant. If any aspect of consent is modified by the participant at a later date (such as a new restriction) please update the collection date (item 0a) and staff code (item 0b) fields above to reflect the time of that change and who recorded the change in consent.

- 1) Participant agrees to participate in the SPIROMICS II Exacerbation Substudy?  
 No<sub>0</sub> → **End Form**  
 Yes<sub>1</sub>
- 2) Does the participant agree to allow data and biospecimens collected to be used for research only related to COPD or research related to COPD and other types of research?  
 Only COPD research<sub>1</sub>  
 COPD and any other type of research<sub>2</sub>
- 3) Does the participant agree to allow data to be shared with non-SPIROMICS investigators?  
 No<sub>0</sub>  
 Yes<sub>1</sub>
- 4) Does the participant agree to allow data to be shared with commercial companies for research purposes?  
 No<sub>0</sub>  
 Yes<sub>1</sub>
- 5) Does the participant agree to allow biospecimens to be stored long-term and used for future research purposes not defined in this consent form?  
 No<sub>0</sub>  
 Yes<sub>1</sub>
- 6) Does the participant agree to allow non-genetic biospecimens to be shared with non-SPIROMICS investigators for research purposes.  
 No<sub>0</sub>  
 Yes<sub>1</sub>
- 7) Does the participant agree to allow non-genetic biospecimens to be shared with commercial companies for research purposes?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

ID NUMBER:									
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- 8) Does the participant agree to allow biospecimens to be used to obtain genetic material (DNA/RNA) to be stored and used by SPIROMICS investigators?  
 No<sub>0</sub>  
 Yes<sub>1</sub>
  
- 9) Does the participant agree to share biospecimens to be used to obtain genetic material (DNA/RNA) and those data with non-SPIROMICS investigators for research purposes?  
 No<sub>0</sub>  
 Yes<sub>1</sub>
  
- 10) Does the participant agree to share biospecimens to be used to obtain genetic material (DNA/RNA) and those data with commercial companies for research purposes?  
 No<sub>0</sub>  
 Yes<sub>1</sub>
  
- 11) Does the participant agree to allow important findings regarding their health from the SPIROMICS II Exacerbation Substudy Visit 1 and Visit 2 tests and examinations to be communicated to his/her personal doctor?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

**END OF FORM**