**Addendum to Consent for Participation in:**

**(*Identify here by IRB number, title and name of the Principal Investigator the protocol to which this will be added)***

You are asked to give permission for some of your blood, tissue or body fluid (collectively referred to as “specimens”) which will be collected in this research study to be stored for future medical research studies.

The specimens will be stored at the Georgia Institute of Technology, or another site. Your name and other personal information will be removed from the specimens and replaced with a code. All identifying information including your name and medical record number will be removed from the specimens and replaced with a code. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and their associates will have access to the specimens and the code which links the specimen to you. There is no cost to you or your insurance company for the storage and use of the specimens.

**Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of those records, including personal information about you. When disclosure is required, the Georgia Institute of Technology will take all reasonable steps to protect the privacy of your personal information.**

By signing this form, you will donate the specimens for medical research purposes. Your donation does not entitle you to compensation from any commercial use of the products that may be derived from the specimen. The research studies in which the specimens may be used have not yet been determined, but they may involve genetic research. Before any research involving the specimens is conducted, the Georgia Institute of Technology Institutional Review Board (IRB) will review and approve the research proposal.

In some cases, the IRB may require that you be contacted and asked for your consent to participate in the specific research study in which the specimens will be used. You have the right not to participate in any research study for which your consent is sought. Refusal to participate will not jeopardize your medical care or result in loss of benefits to which you are entitled.

In other cases, the IRB may require that you be notified about the results of a research study in which the specimens were used. You have the right to be told the results and their meaning, or to decide not to be told of those results, or to have the information sent directly to your personal physician.

You are asked to provide your permanent contact information and agree that it may be used by Dr. \_\_\_\_\_\_\_\_\_\_ and their associates if it necessary to contact you to ask your consent to participate in a specific research study or to notify you about the results of the study.

The specimens may be shared with other institutions, and research studies may be conducted at several locations at the same time. Non-identifying personal information about you will be provided to investigators from other institutions.

If in the future you should decide that you no longer wish for the specimens to be stored, you may contact Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_and/or their associates at the Georgia Institute of Technology at (404)\_\_\_ \_\_\_\_\_ or the Institutional Review Board at (404) 894-6942 and request that the specimens be disposed of according to standard medical research procedures. If you do not make such a request, the specimens will be stored indefinitely. They may be disposed of at any time at the discretion of the investigators.

Before signing this consent form, please read the brochure entitled ***Information About Storage and Use of Specimens With Identifying Information*** that is designed to answer your questions. It will be provided to you by the researcher.

Please check which course of action is to be followed in case the investigators cannot find you after reasonable time and effort, even though you provide your permanent contact information:

\_\_\_\_\_I agree to allow the specimens to continue to be stored with identifying information, for as-yet-undesignated purposes that may include genetic research.

\_\_\_\_\_I request that the identifying code be removed from the specimens; after that is done, the specimens may continue to be stored and used for as-yet-undesignated purposes that may include genetic research.

\_\_\_\_\_I request that the identifying code be removed from the specimens; after that is done the specimens may continue to be stored and used for as-yet-undesignated purposes NOT INCLUDING genetic research.

\_\_\_\_\_I request that the specimens be disposed of.

I consent to the donation and storage of the specimens, as described above.

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