FAVORIT

Folic Acid for Vascular Outcome Reduction in Transplantation

INFORMED CONSENT TRACKING FORM

FORM CODE: ICT VERSION: A 05/24/02

ID NUMBER: | | | | | | | |

CONTACT OCCASION: 0 0

SEQUENCE NUMBER: 0 0

PATIENT LAST NAME: | | | | | | | | | | | |

FIRST/MIDDLE INITIALS: | |

Informed Consent Tracking Form (ICTA Screen 1 of 3)

INFORMED CONSENT:

1. Type of consent: ICTA1

   F Full — Go to Item 10

   P Partial

2. Are there any restrictions on use/storage of DNA? ICTA2

   Y Yes

   N No — Go to Item 4

3. Type of restriction on use/storage of DNA: ICTA3

   C Use for CVD or renal research only

   F Use for FAVORIT study only

   N No use/storage of DNA

   O Other

   If Other, specify details of DNA restriction:_____

Informed Consent Tracking Form (ICTA Screen 2 of 3)

4. Are there any restrictions on stored (archived) blood: ICTA4

   Y Yes

   N No — Go to Item 6

5. Type of restriction on stored (archived) blood: ICTA5

   C Use for CVD or renal research only

   F Use for FAVORIT study only

   N No use/storage of archived blood

   O Other

   If Other, specify details of stored blood restriction:_____

6. Are there any restrictions on stored (archived) urine: ICTA6

   Y Yes

   N No — Go to Item 8

7. Type of restriction on stored (archived) urine: ICTA7

   C Use for CVD or renal research only

   F Use for FAVORIT study only

   N No use/storage of urine

   O Other

   If Other, specify details of stored urine restriction:_____

ID_____ **CO**_____ **Seq No**_____

Informed Consent Tracking Form (ICTA Screen 3 of 3)

8. Has permission been granted to access medical records? ICTA8

   Y Yes, full access

   N No access

   P Partial access

If partial, specify details:_____

9. Has permission been granted to contact informants? ICTA9

   Y Yes, full contact

   N No contact

   L Limited contact

If limited, specify details:_____

10. Date informed consent obtained:

		/			/					ICTA10

Month Day Year

11. Initials of staff person obtaining consent:

			Blind_Staff_ID