

FREQUENT HEMODIALYSIS NETWORK Consent for Repositories Form - Form #406

This form should be completed for all individuals who were asked to participant in the Repository collections, **even if they refused**. If a participant was asked to participate in the Repository collections and refused, complete questions 1, 2, 3, 200 and 201.

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1. Participant ID #

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2. Alpha Code

- 3. Did the participant consent for collection of biological specimens (serum) on a consent form that has been approved by the NIDDK repository leadership? (0=No, 1=Yes) _
- 4. Date biological specimens consent signed:(dd/mon/yyyy)..... _ _ / _ _ _ _ / _ _ _ _ _

DCC Use Only:

5. Date patient withdrew consent to store samples in repository? _ _ / _ _ _ _ / _ _ _ _ _

200. Date this form completed (dd/mon/yyyy)..... _ _ / _ _ _ _ / _ _ _ _ _

201. Username of person reviewing completeness of this form..... _ _ _ _ _

For Clinical Center Use Only:

202. Username of person entering this form: _ _ _ _ _

203. Date Entered: (dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _ _