HALT-C Trial

Genetic Consent Status Change Form

Form # 9 Version A: 09/20/2004

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → __ __ - __ __ __ - __

A2. Patient initials: __ __ __

A3. Visit: __ __ __

A4. Form completion date: MM/DD/YYYY __ __ / __ __ / __ __ __ __

A5. Initials of person completing form: __ __ __

SECTION B: CONSENT FOR GENETIC TESTING AND INFORMATION

B1. Is the patient changing his/her genetic **testing** consent status? YES 1
NO ..... 2 **(B4)**

B2. New genetic **testing** consent status: (CIRCLE ONE)
Patient gives consent for genetic testing 1
Patient withdraws consent for genetic testing..... 2

B3. Date of change in genetic **testing** consent status:
(MM/DD/YYYY) __ __ / __ __ / __ __ __ __

B4. Is the patient changing his/her genetic **information** consent status? YES 1
NO ..... 2 **(B7)**

B5. New genetic **information** consent status: (CIRCLE ONE)
Patient gives consent for genetic information 1
Patient withdraws consent for genetic information..... 2

B6. Date of change in genetic **information** consent status:
(MM/DD/YYYY) __ __ / __ __ / __ __ __ __

B7. Explain briefly:

_____

_____

_____