



Genetics Consent

Patient ID ___ - ___ - ___

		<u>No</u>	<u>Yes</u>
1.	Patient or parent/guardian provided written, informed consent for the genetics study? Date patient/parent approached for participation (mm/dd/yy): ___/___/___ Date patient/parent provided (or refused) consent (mm/dd/yy): ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
	1.1 If no, reason: 1 <input type="checkbox"/> Does not want to provide additional samples 2 <input type="checkbox"/> No perceived personal benefit from participating 3 <input type="checkbox"/> Lack of trust (e.g. concern about confidentiality of information) 4 <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		