SPIROMICS
SubPopulations and InteRmediate Outcome Measures In COPD Study

INFORMED CONSENT TRACKING

ID NUMBER:									

FORM CODE: ITF
VERSION: 2.0 03/09/2026

Event: _____

0a) Date of Informed Consent: ☐☐/☐☐/☐☐☐☐ 0b) Staff Code: ☐☐☐

Instructions: *After obtaining the participant's witnessed signature on the informed consent document during the clinic visit, or verbal consent if participant is doing a comprehensive phone contact, key the responses on this form to document their consent responses, and upload a copy of the signature pages.*

0c) Contact Type:

- ☐ In-person clinic visit (E1)$_1$ → **Go to 1**
- ☐ In-person clinic visit (SOURCE Visit 3)$_3$ → **Go to 1**
- ☐ In-person clinic visit (MAPCOPD Visit 3)$_4$ → **Go to 1**
- ☐ Comprehensive phone visit$_5$ → **Go to 0d**
- ☐ Other$_2$ → **Go to 1 after specifying other**

0c1) Specify other: _____

0d) Reason why this is a comprehensive phone visit versus an in-person clinic visit:

- ☐ Participant refused in-person clinic visit due to time commitment$_1$
- ☐ Participant refused in-person clinic visit due to illness/injury$_2$
- ☐ Participant has moved; unable to transfer to another SPIROMICS clinical center$_3$
- ☐ Other$_4$

0d1) Specify other: _____

1) Participant agrees to participate in the SPIROMICS III study and to the collection, storage, use, and sharing of their data, images, and biospecimens, including DNA and RNA, with approved non-commercial investigators, including those not funded by the National Heart, Lung, and Blood Institute or the institution, for research purposes.

- ☐ No$_0$ → **Go to End**
- ☐ Yes$_1$

2) Participant agrees to allow the collection, storage, use, and sharing of their data, images, and biospecimens, including DNA and RNA, with commercial entities (e.g., for profit organizations such as pharmaceutical companies), including those who are not working for the National Heart, Lung, and Blood Institute or on studies not funded by the institution, for research purposes.

- ☐ No$_0$
- ☐ Yes$_1$

3) Participant agrees to allow important findings regarding their health from the SPIROMICS III study tests and examinations to be shared with their personal health care provider.

☐ No0
☐ Yes1

4) Participant agrees to allow the SPIROMICS III study team to contact them via unencrypted text messaging and/or email that may include personal and study related information such as results, reminders, prompts, and notifications.

☐ No0
☐ Yes1

5) Participant agrees to allow SPIROMICS study staff and investigators to contact them about participating in additional assessments, procedures, and studies in addition to the SPIROMICS studies.

☐ No0
☐ Yes1

6) Please confirm. The participant was given a printed copy of the signed informed consent.

☐ No0
☐ Yes1

7) Please confirm. The participant did not participate in any SPIROMICS III study related activities or procedures prior to signing (or agreeing via phone if not in-person) the informed consent.

☐ No0
☐ Yes1

8) Please provide the initials and staff code of the study personnel who obtained the signed informed consent as well as the initials and staff code of the study personnel who witnessed the informed consent.

8a) Staff Initials: ☐ ☐

8b) Staff Code: ☐ ☐ ☐

8b1) Is a witness required for this consent?

☐ No0 → **Go to 9**
☐ Yes1 → **Go to 8c**

8c) Witness Initials: ☐ ☐

8d) Witness Staff Code: ☐ ☐ ☐

Please upload images of the signature pages (pages 14, 15, and 16 for most sites) of the informed consent document.

9) Please attest that the signature pages of the informed consent document have been uploaded.

☐ No$_0$ → **Upload signature pages and return to this question**

☐ Yes$_1$

END OF FORM