

## **INFORMED CONSENT TRACKING FORM**

ID NUMBER:  FORM CODE: ITF VERSION: 4.0 05/28/2020  Event:											
0a) Date of Collection / / / Ob) Staff Code											
<u>Instructions:</u> 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 screen from that document. If any aspect of consent is modified by the participant at a later date (such as a new restriction) please enter a new ITF form.											
0c) Contact Type:											
<ul> <li>In person visit₁ → Go to 1</li> <li>Comprehensive phone contact₂</li> </ul>											
Other₃→ Go to 1 after specifying other											
0c1) Specify other:											
Od) Reason why this is a comprehensive phone contact:  Participant refused in person visit due to time commitment Participant refused in person visit due to illness/injury Participant moved; and unable to transfer to another SPIROMICS clinical center Other4											
0d1) Specify other:											
<b>Note:</b> If this is a comprehensive phone contact complete only the following items: 1, 2, 3, 4, 10 and 12											
1) Participant agrees to participate in SPIROMICS and to share data and biological specimens (if collected) excluding DNA, with SPIROMICS investigators, including those not funded by enrolling institution.											
<ul> <li>2) Participant agrees to allow data and biological specimens (if collected) to be used for only research related to COPD or research related to COPD and other types of research.</li> <li>☐ Only COPD Research<sub>1</sub></li> <li>☐ COPD and any other type of research<sub>2</sub></li> </ul>											
3) Participant agrees to allow data to be shared with non-SPIROMICS investigators.  No <sub>0</sub> Yes <sub>1</sub>											

	ID NUMBER:									FORM CODE: ITF VERSION: 4.0 05/28/2020	E۱	vent:
4)	Participant agr No <sub>0</sub> Yes <sub>1</sub>	ees t	to allo	ow d	ata to	o be	shar	ed w	rith co	ommercial companies for	researc	h purposes.
-	Participant agr rposes. No <sub>0</sub> Yes <sub>1</sub>	ees t	to allo	ow b	iolog	ical s	speci	imen	s col	lected to be stored and us	sed for r	research
6)	Participant ag investigators No <sub>0</sub> Yes <sub>1</sub>						gical	spec	cimer	s may be shared with nor	n-SPIR(	OMICS
7)	Participant ag for research p No <sub>0</sub> Yes <sub>1</sub>			gene	etic b	oiolog	gical	spec	cimer	s may be shared with cor	mmercia	al companies
8a)	Participant ag future use by No <sub>0</sub> Yes <sub>1</sub>				blood	d to b	e us	ed to	obta	ain genetic material (DNA	/RNA) to	o be stored for
8b)	) Participant ag for future use No <sub>0</sub> Yes <sub>1</sub>					um to	be	used	l to o	otain genetic material (DN	IA/RNA)	) to be stored
9)	Participant agexaminations  No <sub>0</sub> Yes <sub>1</sub>									rding his/her health from S octor.	3PIROM	IICS tests and
10)	) Participant ag in additional fi No <sub>0</sub> Yes <sub>1</sub>						CS s	staff a	and ii	nvestigators to contact hir	n/her re	garding participating
11)	) Please confir No <sub>0</sub> Yes <sub>1</sub>	m. Tł	he pa	ırticip	oant '	was	giver	n a p	rinte	d copy of the signed inforr	med cor	nsent.

ID NUMBER:					FORM CODE: 11F VERSION: 4.0 05/28/2020	Event:	
,	•		•		in any SPIROMICS II study if not in person) the informe		