



## Clinic Reception

### Exam 7 Consent

5. Was Exam 7 consent obtained?

- No —————→ **End**
- Yes, by the participant
- Yes, by the participant's LAR

6. On what date was Exam 7 consent obtained?

Date Signed:   /   /

Month                  Day                  Year

### Consent Items

#### Record information from the signed informed consent

	Yes	No	N/A
Release findings to physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical records release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Sharing of data and samples</u>			
Other research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial/For-profit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storage of samples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letter to MESA contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>Ancillary study procedures</u>	Yes	No	N/A
Extract/Store DNA/RNA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Function Tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep CF Test Recording	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung CT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain PET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep/Heart/Activity Monitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuous Glucose Monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Sleep Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24H Blood Pressure Monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>