

# S50r0 Consent Questionnaire

Patient's Identification Number \_\_\_\_\_

Visit Date (yyyy/mm/dd): \_\_\_\_\_

Correction:  Yes  
 No

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## 1. May the child's blood (tissue) be kept, stored, and used for future studies?

1A. Related to this study (i.e., severity of SCD and silent cerebral infarcts, including genetics)  Yes  
 No

1B. Related to SCD  Yes  
 No

1C. Unrelated to SCD  Yes  
 No

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## 2. May the child's tissue be kept, stored, and used, but without any identifying information, for future studies?

2A. Related to SCD, including genetics  Yes  
 No

2B. Related to SCD, excluding genetics  Yes  
 No

2C. Unrelated to SCD, including genetics  Yes  
 No

2D. Unrelated to SCD, excluding genetics  Yes  
 No

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## 3. Did the parents give permission to be contacted for authorization for future studies?

3A. Related to this study (i.e., severity of SCD and silent cerebral infarcts)  Yes  
 No

3B. Related to SCD  Yes  
 No

3C. Unrelated to SCD  Yes  
 No

4. Did the parents request that the specimens be disposed of?  Yes  
 No

5. If the answer to Item 4 is YES, at what point in the study do the parents want the samples to be destroyed? Please specify: \_\_\_\_\_

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**6. May the child's protected health information (PHI) be kept, stored, and used for future studies?**

6A. Related to this study (i.e., SCD and silent cerebral infarcts)  Yes  
 No

6B. Related to SCD  Yes  
 No

6C. Unrelated to SCD  Yes  
 No

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**7. May the child's protected health information (PHI) be kept, stored, and used, but without any identifying information, for future studies?**

7A. Related to this study (i.e., SCD and silent cerebral infarcts)  Yes  
 No

7B. Related to SCD  Yes  
 No

7C. Unrelated to SCD  Yes  
 No

8. Is there a requirement for resigning the consent when the child reaches age 18?  Yes  
 No

9. Is a new written permission required for future genetic studies only?  Yes  
 No

10. Are there any other requirements for obtaining written consents or permission for future studies?  Yes  
 No

10A. If YES, please specify: \_\_\_\_\_

11. Are contact restrictions in place (i.e., no calls at home, no messages left, etc.)?  Yes  
 No

11A. If YES, please specify: \_\_\_\_\_

Staff I.D. #: \_\_\_\_\_