Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
Form 190: Restrictions on Sample Use
Version: A - 09/21/2011

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number: _____

A2. Date Form Completed: _____ *MM/DD/YYYY*

SECTION B: BRIGHAM AND WOMEN'S HOSPITAL

What was the subject's response to the following question:

B1. We may wish to share your sample and/or cell line with investigators not associated with this project for research on CHD or unrelated illnesses. Do you agree to this?

- ○ Yes, It is OK to use my sample for related and/or unrelated research.
- ○ Yes, It is OK to use my sample for related research ONLY.
- ○ No, I do not want my sample to be used for any future research. (related or unrelated)

SECTION C: MOUNT SINAI SCHOOL OF MEDICINE

What were the subject's responses to the following questions:

C1. Do you give the researchers permission to keep the specimens indefinitely and use them for future studies that are directly related to the purpose of the current study?

- ○ Yes
- ○ No

C2. Do you give permission to have portions of the specimens given to other researchers at Mount Sinai or other institutions for use in research that is either related or not related to the purpose of this study?

- ○ Yes
- ○ No