The CFIDS Association of America

SolveCFS BioBank

Informed Consent

By signing this consent form, you are not giving up your legal right to revoke your consent to use your information and sample. At any time you may request that the SolveCFS BioBank destroy your information and sample (if any remains in its possession or control). However, if your sample has been analyzed in connection with research prior to revocation of your consent, it may not be possible to locate your sample and it is not possible to remove the data from the research project.

Your signature means that you understand the information given to you, you accept these provisions, and you agree to provide your health information and biological sample when you are eligible for a research study.

If you have any questions please speak to us before you sign this form.

Participant's statement:

1. "Participation of the **SolveCFS BioBank** has been explained to me, and I voluntarily consent to providing my health information and a biological sample when I am eligible for a research study approved by the CFIDS Association of America.

2. "I have had the opportunity to ask questions and understand that future questions I may have about the research or the research participant's rights will be answered by the designated staff member."

May we contact you in the future to ask you for updated health information, to provide a biological sample or to take part in additional research?

☐ Yes ☐ No

I give permission to use my sample for research in diseases other than CFS.

☐ Yes ☐ No

For adults and children capable of giving consent:

_____

Print Name of Participant Date

Birth Date: _____ ❑ Male ❑ Female

_____

Signature of Participant Date

For adults <u>not</u> capable of giving consent on their own:

_____

Print Name of Surrogate/Guardian/Health Care Agent Date

Birth Date: _____ ❑ Male ❑ Female

_____

Signature of Surrogate/Guardian/Health Care Agent Date

For children <u>not</u> capable of giving consent on their own:

_____

Print Name of Parent/Legal Guardian Date

Birth Date: _____ ❑ Male ❑ Female

_____

Signature of Parent/Legal Guardian Date

Note: A copy of the signed, dated consent form must be kept by the participant and the original mailed to:

Gloria E. Smith
c/o The CFIDS Association of America
6827 Fairview Road, Suite C
Charlotte, NC 28210