

Approval Period: 2/22/2019 - 6/11/2019

DOB: _____

Froedtert Hospital and the Medical College of Wisconsin ("MCW") are asking your permission to save your Specimens in the MCW Tissue Bank for future research studies. For purposes of this form, the term "Specimen" means blood, tissue, or other bodily fluids. The MCW Tissue Bank also wants to collect and save clinical information related to your Specimens. This form tells you what we would like to do and possible risks. If there is anything you do not understand, please ask questions. Then you can decide if you want to give your permission or not. You are being asked to take part because you have been seen at Froedtert Hospital or MCW for screening, evaluation, diagnosis and/or treatment. MCW will bank your Specimens and health information in the Tissue Bank at MCW along with samples of many other people. There are no costs to you or your insurance company for the collection or use of your Specimens. You will not be paid for your Specimens as they will be used only for research.

patent or sell products, discoveries and data or information that result from future research using your Specimens. If money is made from their discoveries, you will not receive payment.

We may record your research information, including results of tests and procedures done for research, in your Froedtert Hospital and/or Medical College of Wisconsin medical record. As a result, this research information may be seen by people allowed to see your medical records for healthcare operations or treatment, by those you allow to see your medical records by giving written permission, and by others when required by law. These include data coordinating centers; sponsors of research; and others. If you are a patient because of this study, let the Tissue Bank Manager know right away by calling 414

about your rights in this study or want to report any problems, you can call a Research Support Office at 414-805-9569. If you have questions, you can call the Research Support Office at 414-805-9569.

(Print) ▲		
Name of Legally Authorized Representative (Print) ▲	Signature of Legally Authorized Representative	Date
Name of Witness (Print) ▲	Signature of Witness	Date
(Print) ▲		