



INFORMED CONSENT FORM
to Participate in Research, and
AUTHORIZATION
to Collect, Use, and Disclose Protected Health Information (PHI)

[Empty box for signature or stamp]

We [REDACTED] on behalf of the University of Florida [REDACTED] are asking permission from you,

Printed name of study participant ("study subject")

to store some of your personal and contact information in a [REDACTED] who have expressed an interest in taking part in future research; we will build and maintain this registry in order for investigators to be able to contact you with information about future research.

The Principal Investigator (the person in charge of this research) or a representative of the Principal Investigator will describe this contact information registry bank to you and answer all of your questions. Your participation is entirely voluntary. Before you decide whether or not to take part, please read the information below and ask questions about anything you do not understand. If you choose not to participate in this study you will not be penalized or lose any benefits that you would otherwise be entitled to.

1. What are we asking to store?

If you agree, the following contact and personal information will be collected and stored in our participant registry:

- name,
- address,
- home phone number,
- mobile phone number,
- e-mail address,
- date of birth,
- education,
- marital status,
- gender,



- race,
- ethnicity,
- English as native language

2. Reason for Storing Your Personal and Contact Information:

The purpose of this registry is to build and maintain a list of participants to be contacted for future research at the University of Florida. The participant registry will contain the names and contact information and basic personal information (date of birth, gender, ethnicity, race, marital status, English as a native language, education) of volunteers who have expressed an interest of taking part in aging-related research.

You are being asked to be in this registry because you are at least 18 years old and interested in being contacted when research studies are available.

3. Can you change your mind?

If you decide that your personal and contact information can be kept for future research but you later change your mind, you can contact [REDACTED] who will remove and destroy any of your personal and contact information that he still has. Otherwise, the information may be kept forever, or until the University of Florida decides to destroy them. You have the right to see and copy the information that is collected from you and stored in the participant registry bank. There will be no cost to you for any personal and contact information that is collected and stored.

4. Where will your personal and contact information be stored?

Your personal and contact information will be kept in a secure location in a participant registry called the [REDACTED] so that investigators may contact you in the future about research participation opportunities. Once collected, you may be called from time to time to update personal and contact information that is necessary to keep the participant registry current.

5. Are there any benefits to your participation in this participant registry bank?

There is no direct benefit to participating in this registry; however, by including your information in this registry, you will find out about research participation opportunities at the University of Florida.

6. Are there any risks to your participation in this participant registry bank?

There are no known risks at this time.

Although every effort will be made to keep your information confidential, there is a small risk that an unauthorized person may obtain your information. Therefore, there is a very slight risk that your personal and contact information could be linked to your identity and inadvertently disclosed to a third party.



7. Will your personal and contact information be shared with others?

[REDACTED] and/or other IRB-approved investigators affiliated with the University of Florida [REDACTED] or their successors will be allowed to collect, use and/or give out your personal and contact information. They may give your personal and contact information to other researchers whose research is approved by an Institutional Review Board (IRB) (An IRB is a group of people who are responsible for looking after the rights and welfare of people taking part in research). They may also give your personal and contact information to a study sponsor, the Food and Drug Administration, the Department of Health and Human Services, the Office of Human Research Protections, or other Government agencies. Your personal and contact information may be shared with other research centers or private companies, in which case the University of Florida may charge the research center or private company a fee in order to recover the University of Florida's costs of sharing your personal and contact information. There is a risk that information received by these authorized persons or agencies could then be passed on to others beyond your authorization and not covered by the law.

8. How will the researchers benefit?

In general, presenting research results helps the career of a scientist. Therefore, the Principal Investigator may benefit if the results of this study are presented at scientific meetings or in scientific journals. It is possible that new treatments, medicines, therapies or products could be created from studies that use your tissue or medical information. If that happens, the Principal Investigator and the University of Florida could receive significant financial benefits. You will not be offered any payment or any other financial benefit.



9. Signatures:

As a representative of this study, the individual signing below has explained to the participant the purpose, the procedures, the possible benefits, and the risks of the collection, storage, and use of their personal and contact information and how the participant's protected health information will be collected used and shared with others:

Signature of Person Obtaining Consent and Authorization

Date

You have been informed about the collection, storage and use of your personal and contact information, possible benefits, and risks; and that you are free not to have your personal and contact information collected for research purposes. You have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree to allow the collection, storage, and use of your personal and contact information. You hereby authorize the collection, use and sharing of your protected health information as described above. By signing this form, you are not waiving any of your legal rights.

Signature of Person Consenting and Authorizing

Date