



Institutional Review Board

Contact Registry Consent \ Authorization Form

Title of Project: Diabetic Foot Contact Registry

Principal Investigator: Dr. Antony Merendino D.P.M, Assistant Professor
Department of Orthopaedics and Rehabilitation
University of Florida

1. **Purpose of the Contact registry:** To create a list of individuals who are interesting in hearing about future research projects related to the treatment/conditions of the diabetic foot conducted by faculty at the University of Florida.
2. **Procedures to be followed:** You will be asked to provide your contact information including your name, email address, telephone number, and date of birth.
3. **Duration:** It will take about 5 minutes to provide your information.
4. **Research Benefits:** There is no direct benefit to you for being in this contact registry.
5. **Research Risks:** There is a risk that your contact information could be shared with another researcher in order to contact you and then could be passed on to others. Although every effort will be made to keep your information confidential, there is a small risk that an unauthorized person may obtain your information.
6. **Statement of Confidentiality:** Your participation in this research will be kept confidential.
7. **Right to Ask Questions:** Please contact researchstudies@ortho.ufl.edu or 352-273-7359 with questions or concerns about this contact registry.
8. **Payment for participation:** There is no payment for being added to this contact registry.
9. **Privacy Authorization:** UF and Shands will be allowed to collect, use and/or give out your contact information, but only to:
 - a. Other researchers whose research is approved by an Institutional Review Board (IRB). If a researcher from outside of UF wishes to contact you about a potential research study, you will be contacted by the Principal Investigator (listed above) or her research team first to see if you are interested in being contacted.
 - b. The sponsor of a contact registry (like a drug company), the Food and Drug Administration, the Department of Health and Human Services, the Office of Human Research Protections or other Government agencies.
10. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to provide any information you do not want to. If you do not want to take part, you can call my office at any time to let me know (352) 273-7359 or you can tell me when I call you, and I will remove you



information from the registry. If you choose not to take part, this will have no effect on your current or future health care at Shands Hospital at the University of Florida. If you have any questions about your rights as a research subject, you can phone the Institutional Review Board at 352-273-9600.

Completion and return of the survey implies that you have read the information in this form and consent to take part in the research. Please keep this form for your records or future reference.

11. Signatures:

As a representative of this contact registry, the individual signing below has explained to the participant the purpose, the procedures, the possible benefits, and the risks of the collection of you contact 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 of your contact information and how it may be shared. 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 of your contact information. You hereby authorize the collection, use and sharing of your contact information and any 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