

Notice of Right to Decline Participation Acknowledgment

Future Anonymous or Coded Genetic Research

I WILL ALLOW MY HEALTH INFORMATION AND BIOLOGICAL SAMPLES TO BE AVAILABLE FOR ANONYMOUS OR CODED GENETIC RESEARCH.

I DECLINE TO HAVE MY HEALTH INFORMATION AND BIOLOGICAL SAMPLES AVAILABLE FOR ANONYMOUS OR CODED GENETIC RESEARCH.

Signed by _____

Date _____

Print Name _____

Relationship to patient _____

Patient Name _____

Patient date of birth _____



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