



18754



Interviewer (initials)

[][] [][]

COPD Gene ID

[][][][][][][][]

Month

[][]

Day

[][]

Year

[][][][]

Center (eg, NJC)

[][][][]

Informed Consent and Permissions Granted

Did you sign the *COPD Gene* Informed Consent?

Yes No

If Yes, on what date did you sign the informed consent?

Month

[][]

Day

[][]

Year

[][][][]

Permissions Granted

Permission Granted

Yes No

- CT scan*: send results of CT scan to your personal physician
- DNA*: use your blood for research into other health problems

Other Studies: Previous or Concurrent

Mark all studies you have participated in or are participating in:

- Denver genetics study
- NIH: Long-Term Oxygen Therapy Trial
- NIH: Lung Tissue Research Consortium
- NIH: Spiromics
- Pittsburgh SCCOR
- Other _____

