Informed Consent

Subject ID:_____

Informed Consent

Did the subject sign the COPDGene Informed Consent?
◯ Yes
◯ No

If no, this subject has not signed the Informed Consent. Stop the visit.

If yes, on what date did the subject sign the informed consent form?
_____
(mm/dd/yyyy)

Spirometry, blood counts, chest CT Scan: send results to personal care provider?
◯ Yes
◯ No

Other Studies: Previous or Concurrent

Mark all studies the subject has participated in or are participating in:
☐ Pittsburgh SCCOR
☐ LEEP
☐ RETHINC
☐ NOVELTY
☐ Other

Specify other study name:

_____

Is the subject currently participating in any studies where they have been provided with medications for COPD?
◯ Yes
◯ No

Did you discuss LFU and remind the subject about the 6 month surveys? Also be sure to try to obtain an email address on all COPDGene subjects for completion of the survey via the web (by the subject).
◯ Yes
◯ No

Did you give the FFQ to the subject to complete after the Visit? (This form requires IRB approval for protocol version 9.1)
◯ Yes
◯ No