SOURCE — SPIROMICS Study of Early COPD Progression

BRONCHOSCOPY SUB-STUDY
INFORMED CONSENT TRACKING FORM

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: BCT
VERSION: 2.0 06/23/2023

Event: _____

0a) Date of Collection: ☐☐ / ☐☐ / ☐☐☐☐   0b) Staff Code: ☐☐☐

> **_Instructions:_** _This form should be completed: (1) to confirm the participant's interest or not in participating in the SOURCE Bronchoscopy Sub-study; then, (2) to obtain consent if interested. After obtaining the participant's witnessed signature on the informed consent document during the visit, key the responses on this form to document their consent responses. If any aspect of consent is modified by the participant at a later date, such as a new restriction, please enter a new BCT form occurrence._

0c) Contact Type:

☐ In-person visit$_1$ → **Go to 0d**

☐ Other$_2$

　　0c1) Specify other: _____

0d) Is the individual interested in participating in the SOURCE Bronchoscopy Sub-study?

☐ No$_0$ → **Go to End**

☐ Yes$_1$ → **Go to 1**

☐ Yes, but not at this time$_2$

　　0d1) Specify best time to contact: _____ → **Go to End**

1) Participant agrees to participate in the SOURCE Bronchoscopy Sub-study and to the collection, storage, and sharing of their data and biological specimens, including DNA and RNA, with approved non-commercial investigators, including those not funded by the National Heart, Lung, and Blood Institute or the enrolling institution, for research purposes.

☐ No$_0$ → **Go to End**

☐ Yes$_1$

2) Participant agrees to allow data and biological specimens, including DNA and RNA, collected and stored as part of the SOURCE Bronchoscopy Sub-study to be shared with commercial entities (e.g., for profit organizations such as pharmaceutical companies), including those who are not working for the National Heart, Lung, and Blood Institute or on studies not funded by enrolling institution, for research purposes.

☐ No$_0$

☐ Yes$_1$

3) Participant agrees to allow important findings regarding their health from the SOURCE Bronchoscopy Sub-study tests and examinations to be shared with their personal health care provider.

☐ No$_0$

☐ Yes$_1$

4) Participant agrees to allow SOURCE study staff and investigators to contact them about participating in additional assessments, procedures, and studies in addition to the SOURCE Bronchoscopy Sub-study.

☐ No$_0$

☐ Yes$_1$

5) Please confirm. The participant was given a printed copy of the signed informed consent.

☐ No$_0$

☐ Yes$_1$

6) Please confirm. The participant did not participate in any SOURCE Bronchoscopy Sub-study related activities or procedures prior to signing (or agreeing via phone if not in person) the informed consent.

☐ No$_0$

☐ Yes$_1$

END OF FORM