SOURCE
SPIROMICS Study of Early COPD Progression

# INFORMED CONSENT TRACKING FORM

| ID NUMBER: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|

FORM CODE: ITF
VERSION: 1.0 04/07/2021

Event: _____

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

***Instructions:*** *After obtaining the participant's witnessed signature on the informed consent document during the baseline 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 ITF form occurrence.*

0c) Contact Type:

☐ In-person visit$_1$ → **Go to 1**

☐ Other$_2$

0c1) Specify other: _____

1) Participant agrees to participate in the SOURCE study and to the collection, storage, and sharing of their data and biological specimens, including DNA and RNA, with SOURCE 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 study to be shared with non-SOURCE investigators, 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 data and biological specimens, including DNA and RNA, collected and stored as part of the SOURCE study to be shared with commercial entities (e.g., 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$_1$

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

☐ No$_0$

☐ Yes$_1$

5) Participant agrees to allow the SOURCE study team to contact them via text messaging and/or email that may include personal and study related information such as reminders, prompts, and notifications.

- ☐ No$_0$
- ☐ Yes$_1$

6) 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 study.

- ☐ No$_0$
- ☐ Yes$_1$

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

- ☐ No$_0$
- ☐ Yes$_1$

8) Please confirm. The participant did not participate in any SOURCE 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**