

## RESEARCH CONSENT FORM

### Blood Draw Consent for Cell Line Creation

THE FRAMINGHAM HEART STUDY N01-HC-25195 1910G

#### Background

A cell line is a frozen sample of specially processed white cells from your blood that allows the Framingham Heart Study to grow more white cells and get more DNA from them in future as needed for research projects.

#### Purpose

A cell line will be created from a blood sample you provide in order to study the cause and prevention of cardiovascular disease and other health conditions, including the possibility of how genetic factors influence health status.

#### What Happens In This Research Study

You will be one of approximately 1080 subjects to be asked to participate in this study.

All or part of the research in this study will take place at the following location(s): Boston University Medical Center.

Your research blood draw will take place at the Framingham Heart Study located at 73 Mount Wayte Avenue in Framingham, MA, or the place where you reside. A laboratory technician will draw a sample of your blood (16 cc or about 1 tablespoon) for the preparation of DNA (genetic material) and for the creation of a living sample of white blood cells (cell line).

#### Risks and Discomforts

Minimal bruising, pain, or bleeding may occur as a result of the blood draw. A latex allergy can occur from the gloves worn by the technician. If you have a known latex allergy, inform the technician and he/she will use another form of protection.

There may be unknown risks/discomforts involved. Study staff will update you in a timely way on any new information that may affect your health, welfare, or decision to stay in this study

#### Potential Benefits

You will receive no direct benefit from your participation in this study. However, your participation may help the investigators better understand the cause and prevention of cardiovascular disease and other health conditions, including the possibility of how genetic factors influence health status.

#### Alternatives

Your alternative is to not participate in the study.

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#### Subject Costs and Payments

You will not be charged for the examination. If the examination finds any medical problems requiring medical diagnosis or treatment, you will be so advised and that information will be provided to the physician or clinic that you choose.

In the event that your physician decides that follow up clinical tests or treatments are necessary, payment must be provided by you or your third party payer, if applicable (for example, health insurance or Medicare). No special arrangements will be made by the Framingham Heart Study for compensation or for payment of treatment solely because of your participation in this study. This does not waive any of your legal rights.

Costs that you might incur the day of your participation include, but are not limited to, transportation costs (gas, tolls, etc). You will not receive payment for your participation. However, if necessary, we will provide transportation to the clinic and your return home at no cost.

#### Confidentiality

Information obtained during this study will be treated as strictly confidential. A code number will be assigned to you and to your personally identifying information. Cell lines will be stored at a central site. Files linking names to samples will be kept locked and accessible only to the Framingham Heart Study (FHS) data managers. The coded samples will be stored securely and kept until no longer of scientific value. The risk in providing this sample is minimal.

Data and DNA will be distributed to the FHS researchers and other qualified researchers interested in the genetics of heart and blood vessel diseases, lung and blood diseases, stroke, memory loss, joint disease, bone loss, deafness, cancer, and other major diseases and health conditions. The researchers will be given the DNA without any personally identifying information. Information gained from research on your DNA may be used for the development of diagnostic procedures or new treatments for major diseases. Your DNA will not be sold to any person, institution, or company for financial gain or commercial profit. However, neither you nor your heirs will gain financially from discoveries made using the information and/or specimens that you provide.

When study results are published, your name and any other identifying information will not be revealed. You will be informed through periodic publications from the FHS of some findings about genetics, cardiovascular disease or other health conditions generated from the DNA analyses.

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To help us further protect your privacy, the investigators have obtained a Confidentiality Certificate from the Department of Health and Human Services (DHHS). With this Certificate, the investigators cannot be forced (for example by court subpoena) to disclose research information that may identify you in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings. Disclosure will be necessary, however, upon request of DHHS for audit or program evaluation purposes. You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. Note however, that if an insurer or employer learns about your participation, and obtains your consent to receive research information, then the investigator may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy. Finally, you should understand that the investigator is not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others.

You may choose to withdraw your blood samples and your samples would be destroyed after the request is received. If you choose to withdraw your samples, you should call the Framingham Heart Study at (508) 935-3477 and ask for the lab manager.

The FHS is a medical research project sponsored by the National Institutes of Health. It is authorized under 42USC 285b-3. The system of records which applies to the FHS is documented in the Federal Register: September 26, 2002 (Vol. 67, No. 1879) pages 60776-60780.

Please check the appropriate box below:

1)  YES  NO (Office Code 1)

I agree to allow a cell line to be made from my blood to provide a renewable supply of DNA. (A cell line is a frozen sample of specially processed white cells from your blood that allows us to grow more white cells and obtain more DNA from them as needed for future research projects).

### Subject's Rights

By consenting to participate in this study you do not waive any of your legal rights. Giving consent means that you have heard or read the information about this study and that you agree to participate. You will be given a copy of this form to keep.

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If at any time you withdraw from this study you will not suffer any penalty or lose any benefits to which you are entitled.

You may obtain further information about your rights as a research subject by calling the Office of the Institutional Review Board of Boston University Medical Center at 617-638-7207.

The investigator or a member of the research team will try to answer all of your questions. If you have questions or concerns at any time, or if you need to report an injury while participating in this research, contact PHILIP A. WOLF, MD, or DANIEL LEVY, MD, at (508) 872-6562.

### Compensation for Research Related Injury

If you think that you have been injured by being in this study, please let the investigator know right away. If your part in this study takes place at Boston Medical Center, you can get treatment for the injury at Boston Medical Center. If your part in the study is not at Boston Medical Center, ask the investigator where treatment for injury would be available locally. You and your insurance company will be billed for this treatment. Some research sponsors may offer a program to cover some of the treatment costs which are not covered by your insurance. You should ask the research team if such a program is available.

### Right to Refuse or Withdraw

Taking part in this study is voluntary. You have the right to refuse to take part in this study. If you decide to be in the study and then change your mind, you can withdraw from the research. Your participation is completely up to you. Your decision will not affect your being able to get health care at this institution or payment for your health care. It will not affect your enrollment in any health plan or benefits you can get.

If you choose to take part, you have the right to stop at any time. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them as soon as possible.

The investigator may decide to discontinue your participation without your permission because he/she may decide that staying in the study will be bad for you, or the sponsor may stop the study.

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#### Protection of Subject Health Information

N/A

Signing this consent form indicates that you have read this consent form (or have had it read to you), that your questions have been answered to your satisfaction, and that you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.

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Subject (Signature and Printed Name) Date

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Legally Authorized Representative (LAR) (Signature and Printed Name) Date

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Person Obtaining Consent (Signature and Printed Name) Date