NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) CONSENT/ASSENT AND PARENTAL PERMISSION FOR SPECIMEN STORAGE AND CONTINUING STUDIES

Print r	name of participant			
	First	Middle		Last
<i>Q</i> for fu	Why will a sample of blood and urine ture health studies?	be kept	Q my sp	Will I receive results from any future testing of pecimens?
A We would like to store some of the urine and blood from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last.			A Most studies will simply add to our knowledge of health and disease. Therefore, we do not plan to contact you or your family with individual results from these studies. Periodically we will send a newsletter telling all NHANES participants about the studies being conducted.	
Q	What studies will be done with the samp	les?	To ge	et more general information about a particular study, can call our toll-free number, 1-800 452-6115.
learn i	At this time, no specific studies are planned sts included in the NHANES exam. As scien more about health and diseases, other studies acted that may include stored samples. People	ntists s will be e	Q	How can I remove blood, urine, or salvia
	cting these studies will not contact NHANE ipants for any additional information.	ES	samp	ples from the specimen bank?
We we that we discuss of Fee Service	ill keep strictly private all health data and sa re collect in NHANES. Our staff is not allo so that any person is part of this survey under deral laws: Section 308(d) of the Public Heal se Act (42 USC 242m) and the Privacy Act of C 552A).	wed to r penalty lth	A the sp	In the future, if you want samples removed from pecimen bank, call us toll-free at 1-800 452-6115.
Q study	Who can use the stored samples for fu?	rther		
stored scient propo know will n	Researchers from Federal agencies, university ther scientific centers can submit proposals to a specimens. These proposals will be review if it merit and by a board that determines if the sed is ethical. The NHANES program will which samples belong to you or your child, not give other researchers any information that fy you or your child.	o use the red for he study always but wc		
	results of continuing study of your sto many diseases.	red specimen	s may	y help find new ways to prevent, treat, and
For p	ersons ages 7 and over, check this box I agree that my blood and urine (if applic	able) may be k	ept for	future health studies
For p	arent/guardian of a child under the age of I agree that my child's blood and urine m			health studies
Signa	ature of participant age 7 or over			Date
Signa	ature of parent/guardian of participant u	nder 18		Date
Signa	ature of staff member Date	Witness (if red	quired)	Date
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Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).