

Human BioMolecular Research Institute

5310 Eastgate Mall
San Diego, CA 92121
(858) 458-9305
(858) 458-9311 (FAX)
www.hbri.org

Consent Form

I understand that the coded blood and urine donated by the undersigned will be used for investigative research purposes. The procedures are experimental and meant to provide diagnostic information to the benefit of the patient. Records will be kept in the strictest confidence and coded to assure anonymity. If questions arise, contact John Cashman, Ph.D. at the above-noted address. Participation is voluntary and I further agree to freely donate blood for genetic analysis. Among the genetic analyses that will be done will be evaluation of human enzymes involved with amine and other chemical metabolism as well as other general genetic markers. The general markers will confirm some of the information written in the Data Collection Form with regard to gender and ethnicity. Because the blood will be coded, it will be impossible to trace the identity of the sample. The results of genotyping will be made available to the consulting physician or medical geneticist. Because no drug or placebo is administered there are no risks or discomforts to the subject. Basic research related to this work has or will be provided by the Federal Government in the form of National Institute of Health (NIH) grants to the above noted Institute. However, NIH provides no funds to do the urine and blood diagnostic work. The work will require considerable expense and the institute requests that the subject donates \$400 (made payable to the above-noted Institute) for urine (phenotyping) and \$400 for blood (genotyping) analysis.

Donors Signature _____

Donors Printed Name _____

Date _____

Please return this form with the Data Collection Form and sample to Director, HBRI at the above address.

Thank you for your help.