

CONSENT FOR CONTINUED PARTICIPATION IN A RESEARCH STUDY BY A PARTICIPANT WHO HAS REACHED AGE 18

In this form, "you" means a person 18 years of age or older who is being asked to volunteer

Participant Name _____ MRN #: _____

Principal Investigator:	Steven Munger, Ph.D. University of Virginia, 1215 Lee St Charlottesville, VA 22903 Telephone: (434) 243-3607
Sponsor:	National Institutes of Health

What is the purpose of this consent form?

You are currently taking part in a research study. Permission for you to take part in this research study was given by your parents/guardian. Now that you have reached the age of 18, we are asking for your consent for continued participation in this research study. This form will serve as the consent form for your continued participation in the study as an adult. **A copy of the consent form most recently signed by your parent/guardian is enclosed for your reference. You will also receive a copy of this signed and dated consent form.**

What you should know about participation in this research study?

If you decide to continue as a participant in this research, you will participate in all parts of the study, as well as any follow-up procedures that are part of the study.

If you decide to stop taking part in the research, you can choose to allow us to continue to collect information about your current and future health or you can choose to have no further information collected by us.

The study team may use or share your health information that has already been collected if the information is needed for this study or any follow –up activities.

Medical Information (study data) about you is being sent to the National Institute of Health (NIH), the sponsor of this study. Information about your current health will continue to be sent unless you notify Steven Munger, Ph.D. (434-243-3607) that it should stop.

At any time, you may ask for a summary of the study results. However, it may be several years after you take part in this study before the study is completed and the results are available.

Consent or withdrawal of consent to continue in the research study:

Please check one of the boxes below.

To continue in the research study:

☐ I have been given a copy of the original research consent signed by one or both of my parents or my legally authorized representative.

I agree to remain in this study, and to have my personal health information collected for research purposes, and to allow information on my health to be submitted to any sponsor of this study. I understand that I can change my mind about taking part at any time.

Consent from Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

To stop further research procedures but allow UVA researchers to share data about your current and future health:

☐ I have been given a copy of the original research consent signed by one or both of my parents or my legally authorized representative. I am withdrawing my consent to continue in this research study. I understand that no further personal health information will be collected for research purposes; however, information that is collected for regular clinical care about my current and future health can still be reviewed and recorded by the research team and given to the sponsor of this study (if applicable).

Consent from Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

To stop taking part in the research study:

☐ I have been given a copy of the original research consent signed by one or both of my parents or my legally authorized representative. I am withdrawing my consent to continue in this research study. I understand that no further personal health information will be collected for research purposes, and that no more information on my health will be submitted to the sponsor of this study (if applicable).

Consent from Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

Future use of Biospecimens collected for this study:

During the time you have been in this study, some biospecimens (such as blood or tissue) may have been collected to be used in future research. Some of these samples may have been saved or sent to other researchers for research testing as part of future studies.

☒ **Not applicable; there were no biospecimens collected for this study.**

☐ **Biospecimens were collected for this study but direct identifiers are now removed.**

If your biospecimens were collected and the direct identifiers were removed, your study doctors have no way of determining which stored sample is yours. You will not be able to withdraw them from being used for future research.

☐ **Biospecimens were collected for this study and can still be identified as belonging to you.**

If your samples can be identified as belonging to you (identifiable), you can decide whether you will allow the study doctors to continue to save or use your biospecimens for future research.

To allow continued use of your biospecimens:

☐ I agree to continue to allow researchers to use my identifiable biospecimens for future research purposes. I understand that I can change my mind about this at any time.

Consent from Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

To not allow continued use of your biospecimens:

☐ I request that my identifiable biospecimens be destroyed. I do understand that biospecimens that have already been used cannot be destroyed.

Consent from Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

Whom do I call if I have questions or problems?

Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures or treatments
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Principal Investigator: Steven Munger

Address: University of Virginia

PO Box 800713

Charlottesville, VA 22908

Telephone: (434)924-5934

What if you have a concern about this study?

You may also report a concern about this study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.

University of Virginia Institutional Review Board for Health Sciences Research

PO Box 800483

Charlottesville, Virginia 22908 Telephone: 434-924-9634

When you call or write about a concern, please give as much information as you can. Include the name of the study leader, the UVA Study Tracking Number (at the bottom of this form), and details about the problem. This will help officials look into your concern. When reporting a concern, you do not have to give your name.

What does your signature on this consent form mean?

Your signature on this form means that:

- you understand the information given to you in this form
- you have made your choices about continuing in the study and about the use of your biospecimens

UVA Study Tracking: 303565

HSR Submission Number: 303565

Version Date: 05/05/26

Page Number: 4 of 5

You will not give up any legal rights by signing this consent form.

Consent from Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

Person Obtaining Consent

By signing below you confirm that you have fully explained this study to the potential subject, allowed them time to read the consent or have the consent read to them, and have answered all their questions.

PERSON OBTAINING CONSENT
(SIGNATURE)

PERSON OBTAINING
CONSENT
(PRINT)

DATE

Consent from Impartial Witness

If this consent form is read to the subject because the subject is blind or illiterate, an impartial witness not affiliated with the research or study doctor must be present for the consenting process and sign the following statement. The subject may place an X on the Participant Signature line above.

I agree the information in this informed consent form was presented orally in my presence to the subject and the subject had the opportunity to ask any questions he/she had about the study. I also agree that the subject freely gave their informed consent to participate in this trial.

IMPARTIAL WITNESS
(SIGNATURE)

IMPARTIAL WITNESS
(PRINT)

DATE