



Child Health and Development Studies

A project of the Public Health Institute

Study Participation Form

Please mark the one box that applies:

Yes I, _____ (print your name) would like to participate in the breast cancer pilot follow-up study (PEDIGREE).

A. I have read, completed and signed **all** of the following three documents:

1. Consent to Participate in a Research Study Form
2. Consent to Authorize Use of Medical Information Form
3. Consent to Authorize Release of Medical Information Form

B. I have completed the saliva collection kit

No I, _____ (print your name) do not wish to participate in the breast cancer pilot follow-up study (PEDIGREE). I am returning the unused saliva collection kit along with this form.

Has your contact information changed? Please provide us with an update:

FIRST NAME: _____ LAST NAME: _____

MIDDLE NAME: _____

OTHER NAMES YOU HAVE USED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME: (_____) _____ WORK: (_____) _____ CELL: (_____) _____

EMAIL ADDRESS: _____

Please return this completed form, *the saliva kit (whether completed or not)* and the lavender, pink and green consent forms at your earliest convenience in the postage-paid envelope to: Child Health and Development Studies, 1683 Shattuck Ave., Suite B, Berkeley, CA 94709

Thank You!