**Addendum to Consent for Participation in:**

**(*Identify here by IRB number, title and name of the Principal Investigator the protocol to which this will be added)***

You are asked to give permission for some of your blood, tissue or body fluid (collectively referred to as “specimens”) which will be collected in this research study to be stored for future medical research studies.

The specimens will be stored at the Georgia Institute of Technology or another site. All identifying information including your name and medical record number will be removed from the specimens and will not be retained. As a result, it will be impossible to connect you with the specimens. This means that you will be unable to learn about the studies in which the specimen was used and any findings of those studies which relate to the specimens. There is no cost to you or your insurance company for the storage and use of the specimens.

By signing this form, you will donate the specimens for medical research purposes. Your donation does not entitle you to compensation from any commercial use of the products that may be derived from the specimens. The research studies in which the specimens may be used have not yet been determined. The specimens may be shared with other institutions and research studies may be conducted at several locations at the same time.

The specimens will be stored indefinitely.

Before signing this consent form, please read the brochure entitled ***Information About Storage and Use of Specimens Without Identifying Information***that is designed to answer your questions.

Check one below:

\_\_\_ I consent to the donation and storage of the specimens, as described above, for as-yet-undesignated purposes that may include genetic research.

\_\_\_ I consent to donation and storage of the specimens as described above, for as-yet-undesignated purposes **NOT INCLUDING** genetic research.