

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

(HFH IRB form rev: 6/6/2019)

DATE:			
MRN:			
NAME:			

PROJECT TITLE: Genetics of Hidradenitis Suppurativa

APPROVED

Jun 16, 2022

INSTITUTIONAL REVIEW BOARD

DOCUMEN	TATION (OF CONSE	ENT

By signing this form, I agree that I have read and understand this form and that I agree to participate in the research project described above. I have been given enough time and opportunity to ask about the details of the research study and to decide whether or not to participate. Its general purposes, the particulars of my involvement and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time without giving any reason without my medical care or legal rights being affected. My signature also indicates that I have received a copy of this consent form.

The researchers in this study might want to ask you to participate in additional studies. In some cases, you might be a good candidate for a particular study because of your health history or genetic information.

I am willing to be contacted for future research studies. Please initial below.
l agree
I refuse
I understand that my de-identified genetic information may be placed in a repository and shared withother researchers for future research. Please initial below.
I agree
I refuse
I understand that the investigator may use publicly available databases to determine whether I am living, for purposes related to my participation in this study only. Please initial below.
l agree
l refuse

Version Date: 06/16/2022

Version #: 4



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Signature of Subject	Date	Time	
Printed Name of Subject			
Witness to Signature	Date	Time	
Signature of Person Obtaining Consent	Date	Time	
Printed Name of Person Obtaining Conse	nt		

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