

**UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
SEATTLE, WA 98195
RELEASE FORM
INTERNATIONAL REGISTRY OF WERNER SYNDROME
AND OTHER PROGEROID SYNDROMES**

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This form is to allow the release of identifiable health information, photographs, and tissue as specified below for the use of our research project. By law, we must protect the privacy of your health information. This form describes what we will do with your information. Please read it carefully. If you agree with it, please sign your name at the bottom. You will get a copy of this form after you have signed it.

The information we collect will be available to the researchers at the top of this form. Once collected you are identified only by a code. We plan to keep the information you share indefinitely. If tissue blocks are released, they will be returned after the research has been completed. Others who may have access to the information are our sponsor (the National Institutes of Health), and review boards that watch over the safety, effectiveness, and conduct of the research.

The limits in this form come from a federal law called the Health Insurance Portability and Accountability Act. This law applies to your doctors and other health care providers. Once we have your information and/or materials this law may no longer apply, but other privacy protections are still in place.

You do not have to sign this permission (authorization) form. If you do not, you may still remain enrolled in our study. You may change your mind and take back permission to use this information and material by notifying Nancy Hanson at nbhanson@u.washington.edu or (206) 543-5088. Unless you take back your permission, this form does not have an ending date. This form does not permit access to health information or other materials related to future health care received more than 90 days after you sign this form.

I agree to the use and sharing of my health information and materials as specified below and ask that the following send these requested items to the University of Washington for this purpose.

Signature of research subject or subject's legal representative

Date

Printed name of research subject or legal representative

Representative's relationship to subject

Requested material: _____

From:

To: Nancy Hanson
University of Washington
Department of Pathology
Box 357470
Seattle, WA 98195

Overnight Delivery:

1959 NE Pacific Street
Room K543

Copies to: Subjects
 Investigator's File

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