

family from voluntarily releasing information about yourself or your involvement in this research. If an insurer or employer learns about your participation from you and you consent in writing to having information about you released, then we cannot use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy.

**Financial Costs**

There are no costs to you other than your time for participating in the study. Costs for the blood draw, telephone interview, and shipments to us will be paid by the study.

**Payments to Participants**

You will not be paid to participate in this study; however, you will receive a phone card or some other small token of appreciation of similar monetary value.

**Persons to Contact for More Information**

You have the right to ask and to have answered all of your questions about this research. If you have questions, please call the study staff toll-free at 1-877-474-7837 and ask to speak with a member of the staff or either of the investigators, Dr. Dale Sandler or Dr. Clarice Weinberg. If you have any questions about your rights as a research participant, please contact Dr. Marian Johnson-Thompson, Chair of the NIEHS Institutional Review Board, at 1-919-541-4265.

Before making your decision, please ask any questions you have by contacting one of the people listed above.

**Participant Statement**

I have read the above and have had my questions answered. I understand the requirements, the risks and the benefits of the study. I understand that participation is voluntary and that I may withdraw from the study at any time. I understand that by agreeing to participate in this study, I do not waive any rights regarding access to and disclosure of my records.

I consent to participate in the Sister Study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

Form approved through 03/14/06 by NIEHS IRB

**PLEASE RETURN THE COPY YOU SIGN. KEEP ONE COPY FOR YOUR RECORDS.**