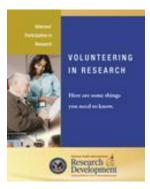
Phoenix VA Health Care System/644



Permission To Be Contacted For Future Studies Form

This form documents your interest in receiving more information a bout participating in research studies at the Phoenix VA Health Care System. This form conveys no permission for study teams to look at your health record. It only tells study teams of your interest in certain areas of research, and how to let you know about those opportunities. If you are contacted regarding a study in which you are not interested, you are under no obligation to participate. If you decide not to accept an invitation to participate in research, your care at the Phoenix VA Health Care System will not be affected in anyway. Please be aware that research studies must follow strict rules of eligibility, and being told about studies in your areas of interest is no guarantee that you will be eligible for them. Study teams will do their best to let you know what the eligibility criteria are, but in some cases you may need to consent to a study and undergo screening tests before finding out whether you are eligible to participate. By checking the boxes below, you are indicating that you would like to be contacted regarding studies of:

Any Study That May Pertain to Me	Foot/Leg Ulcers
Allergies	Hearing
Arthritis	High Blood Pressure
Cardiovascular (Heart And Circulation Diseases)	HIV/AIDS
Cholesterol	Preventative Medicine
Diabetes	Prevention of Prostate Cancer
Diarrhea	Speech
Emphysema/Asthma	COVID-19 Related Studies
Public Relations (PR): I would be willing to be	Other:
contacted by PR in regard to my experiences as a	
research participant. Public Relations would require	
additional consenting prior to my involvement.	

This information will be maintained in a VA secured research database and will only be used for informing you of research studies. Please contact the Senior Research Coordinator at (602) 277-5551, extension: 7783, if you decide not to be contacted anymore; also, if you have any questions, research suggestions, and/or concerns.

Potential Participant's Information			
First, Middle, Last Name:			
Telephone Number:		Alternative Telephone Number:	
Best Time To Call:			
Anytime	8PM-Noon	Noon-5PM	After 5PM
Permission To Leave A Message:		Yes	No