



# Permission To Be Contacted For Future Studies Form

This form documents your interest in receiving more information about 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:

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

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:	
<input type="checkbox"/> Anytime	<input type="checkbox"/> 8PM-Noon
<input type="checkbox"/> Noon-5PM	<input type="checkbox"/> After 5PM
Permission To Leave A Message:	<input type="checkbox"/> Yes <input type="checkbox"/> No