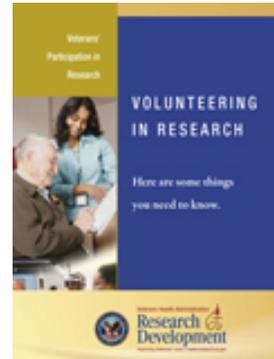


## Permission to Be Contacted For Future Studies

I'm interested in receiving more information about participating in research studies at the Phoenix VA Health Care System. By checking specific research topics below, I am indicating that I would particularly like to be contacted regarding those topics, when studies regarding those topics are recruiting subjects.

I understand that if I am contacted regarding a study in which I am not interested, whether or not I previously indicated an interest, I am under no obligation to participate. I also understand that, if I decide not to accept an invitation to participate in research, this will not affect my care at the Phoenix VA Health Care System.

- |                          |   |                          |                |
|--------------------------|---|--------------------------|----------------|
| <input type="checkbox"/> | Any study that might pertain to me                      | <input type="checkbox"/> | Diabetes       |
| <input type="checkbox"/> | Arthritis   | <input type="checkbox"/> | Allergies      |
| <input type="checkbox"/> | Cholesterol   | <input type="checkbox"/> | HIV/AIDS       |
| <input type="checkbox"/> | Preventative Medicine                                   | <input type="checkbox"/> | Hearing        |
| <input type="checkbox"/> | Emphysema/Asthma  | <input type="checkbox"/> | Speech         |
| <input type="checkbox"/> | Foot/Leg Ulcers   | <input type="checkbox"/> | Stomach Ulcers |
| <input type="checkbox"/> | High Blood Pressure                                     |                          |                |
| <input type="checkbox"/> | Prevention of Prostate Cancer                           |                          |                |
| <input type="checkbox"/> | Cardiovascular Disease (heart and circulation diseases) |                          |                |



**Other:** \_\_\_\_\_

- 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.

*This information will be maintained in a VA secured research database and will only be used for informing you of research studies. If, at a later date, you decide that you do not want to be contacted or have any questions, research suggestions, and/or concerns, please contact the Senior Research Coordinator at 602-277-5551, extension 17783.*

**Thank you for your generous support of VA Research!**

Name (please print): \_\_\_\_\_

SS (last four): \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

Alternative Telephone number: \_\_\_\_\_

Permission to leave a message:  YES  NO