Patient Name_____ **Date**_____ **LAB USE ONLY: Accession #**_____

Galaxy Diagnostics, Inc.

INFORMED CONSENT FORM FOR RESEARCH

INFORMATION

You are going to have blood drawn or other clinical samples obtained for the medical tests your doctor ordered. S/he will give you the results of these tests and use them to plan your care. Even though the amount of sample(s) obtained will only be what is needed for your care, there may still be some left over after all the tests are done. We would like to store the remaining sample(s) in our biobank at Galaxy Diagnostics for new test development or for use in current or future research.

The purpose of creating a biobank to store human clinical samples (including sample and health information) is so that our Galaxy research team and our collaborators can use the stored materials in current or future studies. Through such studies, we hope to find new ways to detect, treat, and prevent health problems associated with vector-borne diseases. Some of the studies may lead to new products, such as better tests for vector-borne diseases.

Permission is required for all research-use only (RUO) testing.

COLLECTION OF INFORMATION

We will collect and store research data from studies done using your sample and information.

DURATION OF STORAGE

There is no limit on the length of time we will store your sample and information. We may keep using them for research unless you decide to stop taking part or we close our biobank, at which point all samples will be destroyed

BENEFITS

You should not expect to see direct health benefits from this research. The main reason you may take part is to help researchers find new ways to detect, treat, and prevent health problems in the future.

CONFIDENTIALITY

No reference will be made in scientific presentations or publications that could link you to the study. The information in the study records will be kept strictly confidential, and at no time will your personal information be released. Your samples will be stored and studied using a unique identifying number. Paper data will remain in a locked location at Galaxy Diagnostics. Electronic data will be stored securely using a password-protected database in compliance with HIPAA data security standards.

GALAXY DIAGNOSTICS CONTACT

If you have questions at any time about the study or the procedures, you or your physician may contact the laboratory at 919-313-9672 or by email at contact@galaxydx.com.

CONSENT

Please INITIAL your choice below:

_____ I give permission to use my clinical sample(s) for new test development or for use in current or future research. I understand that my sample will not be linked to my identity in any way.

_____ I decline use of my samples for any current or future research projects.