

David Geffen School of Medicine at UCLA  
Department of Neurology

INFORMATION AND SIGN-UP SHEET FOR PARTICIPATION IN RESEARCH

**Lay Title: UCLA Easton Alzheimer's Disease Center Potential Subject Pool  
Registry**

Technical Title: UCLA Easton Alzheimer's Disease Center Potential Subject Pool  
Registry

Principal Investigator: Sarah Kremen, MD

INTRODUCTION and PURPOSE

The Mary S. Easton Center for Alzheimer's Disease (AD) Research conducts clinical research studies related to AD. Signing this form indicates that you are willing to have someone from the Center call you and discuss research opportunities. Signing this form does not obligate you to volunteer for any research program and you can change your mind and refuse discussion with Center staff if you desire.

ANTICIPATED BENEFITS TO POTENTIAL SUBJECTS and SOCIETY

The studies conducted at the Center aim to improve diagnosis and find a cure for AD.

PRIVACY AND CONFIDENTIALITY

Information captured in this form or in the follow-up phone call will be confidential. At the discretion of the authorized PI, it may be shared with UCLA collaborative researchers and/or their staff.

PARTICIPATION AND CONSEQUENCES OF WITHDRAWAL

I understand that I am not obligated to sign this form or to participate in research. It has been communicated to me that I may withdraw any recorded information at any time and that doing so will have no impact on the care I receive or my relationship with the staff at UCLA.

SIGNATURE OF RESEARCH SUBJECT

By signing this form, I am granting permission to the research staff of the Mary S. Easton Center for AD Research to call me and discuss research studies. I understand that if I grant permission during this phone call, the staff will record basic information about me that will be stored in case future studies for which I might be eligible become available. For more information, please contact us at **(310) 794-6191**.

**What type(s) of research are you interested in learning more about?**

Observational

/Investigational (Study Drug)

Both

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Name if different from above \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to Potential Research Participant \_\_\_\_\_

**PLEASE FAX FORM TO 310-794-0540**