

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 Participant Pool Registry

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

Principal Investigator: Keith Vessel, MD, MSc



INTRODUCTION and PURPOSE

The Mary S. Easton Center for Alzheimer's Research and Care at UCLA conducts clinical research studies related to Alzheimer's disease (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 the 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 Alzheimer's Research and Care at UCLA 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 _____

Best Time to Call _____

Signature _____ Date _____

Contact Name if different from above _____

Phone number _____ Best Time to Call _____

Relationship to Potential Research Participant _____

PLEASE FAX the FORM to 310-794-0540 or Submit it ONLINE by Scanning the QR Code