

**GEISINGER MYCODE ® COMMUNITY HEALTH INITIATIVE
SIGNATURE FOR ADULT RESEARCH PARTICIPANTS**

I agree to take part in this research study and allow my health information to be used and shared for research as explained in this form.

- A blood sample may be collected and used for MyCode research when I have a blood draw.
- If researchers find information that could be important to my health care, MyCode staff may share that information with me and my doctor and place it in my Geisinger medical record.
- A member of the Geisinger MyCode team may contact me to ask if I want to participate in future MyCode approved studies and to collect additional information.
- My questions have been answered.
- I will get a signed copy of this form.

SIGNATURE

Research Participant Name (Please Print)

Research Participant Signature

Today's Date (Date of Consent)

Date of Birth