Boys Town National
Research Hospital

OPPORTUNITIES TO PARTICIPATE IN HEARING RESEARCH AT BTNRH!

Research Subject Database Agreement Form

				Ethnicity:	**Race:**
First and Last Name	**Date of Birth**	**Gender:**	**Hearing:**	***Optional: Select one***	***Optional: Select one or more***
		Male Female	Normal Impaired Implanted	Hispanic/Lat Not Hisp./ Latino	Am. Indian Asian Black Nat.Hawaiian White
		Male Female	Normal Impaired Implanted	Hispanic/Lat Not Hisp./ Latino	Am. Indian Asian Black Nat.Hawaiian White
		Male Female	Normal Impaired Implanted	Hispanic/Lat Not Hisp./ Latino	Am. Indian Asian Black Nat.Hawaiian White
		Male Female	Normal Impaired Implanted	Hispanic/Lat Not Hisp./ Latino	Am. Indian Asian Black Nat. Hawaiian White

Address_____

Street Address (Apt. #) City State Zip

Hm Phone_____ **Wk Phone** _____ **E-Mail**_____

What is the best way to contact you? Hm Phone Wk Phone E-mail U.S. Mail

When does your schedule allow you to come to BTNRH? Days Evenings (after 5pm) Saturdays

What is the primary language spoken in your home? _____

I agree to have my name and/or my children's names added to the BTNRH research volunteer database. This includes the information above, any hearing test results and cochlear implant information obtained by the BTNRH staff. I cannot agree on behalf of any other adults in my family 19 years or older. I understand that I may refuse to participate in any study and that I may remove my name (or my children's names) from this database at any time. There is no penalty for non-participation or withdrawal. My refusal will not affect in any way the services I receive now or in the future from BTNRH or any associated clinics.

Signature:_____**Date:**_____

Adult or Parent/Legal Guardian

Thank you.

Sandy Estee, Coordinator Human Research Subject Core
Boys Town National Research Hospital
555 N 30 St., Omaha, NE 68131
402-498-6705