

ENROLLMENT REFERENCE SHEET & CHECKLIST | WALSH LAB

This kit includes:	Explanation	Have you Included:
<input type="checkbox"/> Medical Records Release Form (s)	Reviewing MRI films and medical records is a crucial part of our process for identifying new genes related to brain development. Enclosed is a medical records release form designed to help you provide us with MRI films, test results and visit notes related to neurology and genetics appointments. Please follow the instructions on those forms. If you have previously provided MRI images and records, you may use this if there are records to share in the future.	BRAIN MRI & MEDICAL RECORDS <input type="checkbox"/> MRI <input type="checkbox"/> Records <input type="checkbox"/> Sent earlier
<input type="checkbox"/> Blank Consent Forms	_____ copies of the consent form are enclosed. Please contact the lab to make arrangements to review the consent form by phone before submitting samples. (1) Please include one signed form for each person providing samples in the package when sending samples to us. For example, if we receive samples on 4 individuals, we must receive 4 separate, signed consent forms. When the consent forms are received, we will sign them as the Investigator and mail you copies for your records. (2) A parent should sign a consent form for their participating children under age 18y. (3) Consent forms are validated each year. Please ensure the consent is valid on the date it is signed by checking the 'expiration date' in the lower right corner. (4) Please check off one of the boxes on page 5 regarding each person's choice about receiving research results and clearly indicate a health care provider on page 5 that we can contact for this purpose. If this is left blank we cannot contact you in the future if results become available.	COMPLETED & SIGNED CONSENT FORMS <i>1 consent for each participant</i> <input type="checkbox"/> Included <input type="checkbox"/> Sent earlier
<input type="checkbox"/> Blood Draw Request Sheets	This sheet is intended to assist with having blood drawn at a local laboratory or doctor's office (please write in the name and date of birth for each participant). Details for the blood draw are listed on this sheet. Please let us know if you run into any problems.	DOES NOT NEED TO BE RETURNED
<input type="checkbox"/> Sample Tubes, Styrofoam boxes and FedEx packaging	_____ yellow-top blood collection tubes are enclosed _____ collection tubes/kits are enclosed We currently obtain the best research DNA and proteins from a blood sample. Please make sure tubes are labeled with the correct name and birth date and place them in the Styrofoam box(es). Secure each box with a rubber band and seal it inside the zip-lock specimen bag provided. <u>Do not</u> put any paperwork inside the specimen bag with the samples. Please ship the samples and all documents in the FedEx Sample Pak provided by overnight delivery. A return FedEx shipping airway bill is enclosed so that the package can be sent at no cost to you. From within the US, please ship Monday-Thursday as our building is not open to accept shipments over the weekend.	PACKAGED SAMPLES <input type="checkbox"/> Included
<input type="checkbox"/> Sample Submission Form	Please complete this form to assist with tracking each family's enrollment.	COMPLETED SAMPLE FORM <input type="checkbox"/> Included
<input type="checkbox"/> Clinical History Summary	Please complete this form to summarize important clinical details of each affected person in the family to help inform our research efforts.	COMPLETED SUMMARY FORM <input type="checkbox"/> Included
<input type="checkbox"/> Family History Form	Having an accurate description of the full family history is important for genetic studies. Please complete this form to the best of your abilities.	COMPLETED HISTORY FORM <input type="checkbox"/> Included
<input type="checkbox"/> OTHER		<input type="checkbox"/> Included
	PLEASE CALL THE LAB WHEN YOU ARE SENDING SAMPLES. (617) 919-4795 This ensures that we will be able to track incoming samples and staff is available for processing.	