**Information about totally electronic recruitment database:**

Please work with UVa Health System developers, UVA Marketing and Information Security to develop this page. Generally the page below would be accessible from UVAhealth.com under PATIENTS and VISITORS > PATIENT SERVICES > services > List of Centers and a list of conditions> under either Conditions and Treatments OR Diseases We Treat etc.>Condition under study> LINK: LEARN MORE ABOUT X RESEARCH. This link would take you to a page describing research: Learn More About the Clinical Trial. On this page there would be a section that states:

### To sign up to receive the latest information regarding X trials click here: sign up

### This sign up page would take you to the Permission Form Below:

### The template below provides a way to obtain electronic written consent and

### written HIPAA Authorization

### \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Participation in Recruitment Database Permission Form**

You are invited to be listed in a database of people interested in receiving information on (insert condition) studies.

**What is the purpose of this database?**

The purpose of this database is to allow the study team to:

* educate people regarding clinical trials about (insert condition)
* provide the study team with information enough to evaluate people for potential eligibility for current trials and future studies related to (insert).
* Provide a way for the study team to communicate with you about the status of our current and future studies

In order to collect and keep your information, we need your permission to:

1. Collect and store personal health information about you that you will provide.
2. Collect your contact information so that we may contact you regarding current and future (insert condition) research.

**What you will have to do if you want to be listed in this database?**

If you agree to provide your name, contact information and brief medical history related to eligibility for this database, you will be asked to complete an online questionnaire. (*NOTE TO STUDY TEAM THAT THIS QUESTIONNAIRE MAY ONLY ASK ELIGIBILITY INFORMATION PER INCLUSION AND EXCLUSION CRITERIA)*. The information that you provided will be automatically transferred to our database. The database is stored at UVA behind a firewall and access is limited to the study team and system engineers.

After you provide your information, you agree to be contacted using the information you provided about current and upcoming (INSERT CONDITION) studies.

**Are there any risks?**

There is a risk that your private information may be accessed by people other than the study team and/or database/system engineers. You information will be kept behind a protected firewall at UVa, where only the study team and system engineers have access. However there is no way UVa can guarantee that your information could be breached.

**Are there any benefits?**

By being in this database your information that you provide will be reviewed when studies are opened for enrollment. You will receive information about studies as they are opened. There are some studies that tend to fill quickly, so having the information early after trial opening and receiving information quickly, may be of assistance in becoming part of a (insert) trial. Of course, being in this database is not a guarantee that you will be eligible for study participation, but you will receive the information as early as possible.

**Are there any alternatives?**

Participation in this database for future research is completely voluntary. You do not have to be part of this database to participate in any of our research trials. These studies are advertised using flyers and on the UVa Health System Clinical Trials website: <http://www.healthsystem.virginia.edu/patients/clinicaltrials#b_start=0>

You may respond to these advertisements if you choose.

You may also choose to receive the usual standard of care treatment for (insert condition) at UVa. The standard of care may include:

* *(provide bulleted list*)

If you are interested in finding a doctor at UVa to discuss standard of care treatments, here is a link to assist your search: <http://uvahealth.com/>

**Confidentiality, Use and Disclosures of Health Information for Research**

Study records that identify you will be kept confidential as required by federal privacy regulations. By signing this form you agree to allow (insert name of PI) and their study team to use and disclose health information about you to conduct this study.

Other persons who may have access to your records include groups such as

* federal, state and local agencies having oversight over this research
* the University of Virginia Research Compliance staff and Institutional Review Board (IRB) members or designates. The IRB is a special committee at the University of Virginia that reviews all medical research studies involving human participants

Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed. There is the potential that information released to the groups and individuals listed above may be released again and would no longer be protected by privacy laws.

If you agree to the information in this database, you have given us permission to release information to these other people. There is no expiration date to this permission. If you decide to withdraw your permission and end this agreement to release the information collected about you, please contact (study coordinator or PI name) ***at (insert telephone number).*** He/She will help you document in writing your decision to withdraw this permission.

Your participation in this research database is voluntary. However, you will not be allowed to have your information listed in this database is you do not agree to the information in this Permission Form. Your participation in the research study recruitment database will not affect the present or future care you receive at this institution

**Documentation of Authorization**

I understand the above information and would like to participate in this database study.
I confirm I am 18 years old or older
I have been diagnosed with uterine fibroid(s)

**After confirming the above items, you may** [**complete the database questionnaire**](https://www.healthsystem.virginia.edu/focusedultrasoundtrial/index.cfm?termsaccepted=1) **by clicking on the link:**  INSERT hypertext link to COMPLETE THE QUESTIONNAIRE (this link will take the subject to a secure database where they may either complete a questionnaire collecting required information as described OR directly into a database)

**If you have more questions, please contact us by calling study personnel at (insert telephone) or emailing us at (insert)**

### (Insert Name of PI)

### Principal Investigator