

Why you are being asked to participate in this study

Blood has been used to treat and conduct research to find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS. You have been asked to take part because you have decided to have an abortion.

Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without jeopardy to the medical care you will receive at Planned Parenthood of the Pacific Southwest, UCSD or any other organization. Your participation in this study will involve 1 to 2 sessions, depending on the number of visits you will have at Planned Parenthood for your procedure. The first session is anticipated to take about 15 minutes, including the enrollment process and blood and/or tissue collection, while the second session (if there is one) should take no more than 5 minutes (tissue collection only).

Before you give your consent, please read each of the following statements.

- Before I was shown this consent, I had already decided to have an abortion and signed a consent form for it.
- I agree to give my blood and/or the tissue from the abortion as a gift to be used for education, research, or treatment. I understand that I will not be told the name of any person who might get my donation and that no information will be provided to the researchers using my blood and/or tissue that would link me to my donation.
- I understand I have no control over who will get my donated blood and/or tissue or what it will be used for.
- I have been told of any interest that my doctor may have in the research.
- There will be no planned changes to how or when my procedure is done solely to get the tissue for research.
- In order to make it possible for me to give my pregnancy tissue as I wish, my doctor may make adjustments during the procedure, but will only do so if these adjustments will not increase the risk to me.
- I understand I will not be paid for my donated blood or tissue now or in the future.
- I understand that the tissue from the abortion may be used to make pluripotent stem cells for medical research. This research may include genetic manipulation of the cells and possibly human or animal transplantation research. I understand that these cells or products from these cells are not meant to provide direct medical benefit to me.
- I understand that one of the materials that can be obtained from the donated blood and tissue is DNA. This DNA has a unique sequence specific to you and the aborted fetus. This DNA may be used for research, but it will *never* be identified as your sequence.
- I understand that people are sometimes required to supply results from genetic testing to apply for health insurance or a job. Genetic testing means having a test performed and the results provided to you and your doctor. You will not learn anything about your genetic information from this study and participation in this study does *not* mean that you have had genetic testing. If you are interested in having a genetic test, you should talk to your doctor.

University of California, San Diego
Consent to Act as a Research Subject

- I understand that Federal and State laws generally make it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways: a) Health insurance companies and group health plans may not request your genetic information that we get from this research. b) Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums. c) Employers with 5 or more employees may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment. Be aware that these laws **do not** protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.
- I understand that the donated blood, tissue, or their derivatives, may be kept for many years, be used in future studies in ways that are not currently foreseeable, be used in additional research to be conducted by University of California personnel and/or collaborators. I consent to all future uses without restrictions.
- I understand that the donated blood, tissue, or their derivatives may have significant therapeutic or commercial value. I consent to such uses.
- I understand that if I have any questions about my donation, I can contact UCSD Human Research Protections Program at (858) 246-4777 or Planned Parenthood at (888) 743- 7526.
- I understand that I can ask for a copy of this form.

Your Signature and Consent

You were been provided with all of the information in the language understandable to you and were given ample time to review the consent form. All of your study related questions have been answered prior to any study procedures being performed.

Signature of Patient: _____ Date: _____

Signature of person obtaining consent: _____ Date: _____

