MAYO CLINIC

Name and Clinic Number

PARTICIPATION COMPREHENSION ASSESSMENT

Study Title: Individualized Medicine Biobank for Mitochondrial Diseases
IRB:
Participant Name (please print)**:** _____

Name of Guardian/Representative for Participant (if applicable, please print): _____

Date Completed: _____

Please respond to the following items as they relate to your understanding of your or your child/dependents participation in the Mitochondrial Disease Biobank. Circle either TRUE or FALSE for each statement.

1.	Participating in the Mitochondrial Disease Biobank will make my or my child/dependents mitochondrial disease better.	TRUE	FALSE
2.	Participating in the Mitochondrial Disease Biobank involves taking a study drug or medication.	TRUE	FALSE
3.	Researchers might contact me/us in the future about completing another questionnaire for the Mitochondrial Disease Biobank.	TRUE	FALSE
4.	Samples and personal medical information will be kept in the Mitochondrial Disease Biobank forever, even after participants die.	TRUE	FALSE
5.	I/we have the right to withdraw consent to participate in the Mitochondrial Disease Biobank and have my or my child/dependents samples destroyed.	TRUE	FALSE
6.	If I/we withdraw consent to participate and ask to have my or my child/dependents samples destroyed, it will be honored from that time forward. I/we know that my/our request cannot be honored for research already completed.	TRUE	FALSE
7.	I/we can choose which research studies my or my child/dependents samples and personal medical information will be used for.	TRUE	FALSE
8.	The results of the research tests performed on my or my child/dependents samples will be put in my or my child/dependents medical record.	TRUE	FALSE
9.	The research team is taking measures to ensure the confidentiality of all information provided to the Mitochondrial Disease Biobank.	TRUE	FALSE

Thank you.

Your responses will be reviewed to ensure that we have fully communicated to you what it means to participate in the Mitochondrial Disease Biobank.

FOR OFFICE USE ONLY:
Assessment Reviewed By (initials): ___ ___ ___
Assessment Reviewed On (mm/dd/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___