

## ENRGISE PILOT STUDY: INFORMED CONSENT

### Informed Consent

Please use the area below to document the informed consent process with the participant (Not data entered)

### Current Consent Status

1. Does the participant agree to **SCREENING** for participation in the ENRGISE Pilot Study?

1  Yes →

1a. Date Signed:   /   /

2  No

3  Withdrawn →

1b. Date Withdrawn:   /   /

2. Does the participant agree to **PARTICIPATE** in the ENRGISE Pilot Study?

1  Yes →

2a. Date Signed:   /   /

1  Participant Refuses\* randomization to Losartan/Placebo Arm

1  Participant Refuses\* randomization to Omega-3/Placebo Arm

2  No

*\*Note: This designates that the participant has agreed to participate in the study but has refused to agree to randomization in one of the study arms. This is not where participant Ineligibility is documented.*

3  Withdrawn →

2b. Date Withdrawn:   /   /

3. Has the participant signed a **Medical Records Release** form?

1  Yes →

3a. Date Signed:   /   /

2  No

3  Withdrawn →

3b. Date Withdrawn:   /   /

4. Has the participant given the ENRGISE Pilot Study permission to share results of study, including blood pressure measurements, lab reports, and results from other tests with their **primary care doctor**?

1  Yes →

4a. Date Signed:   /   /

2  No

3  Withdrawn →

4b. Date Withdrawn:   /   /

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**Future Research Consent**

5. I agree that the study PI or designees can contact me in the future to ask me to take part in more research.

1  Yes →

5a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

5b. Date Withdrawn:

□	□	/	□	□	/	□	□
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**Biological Specimens Consent**

6. I agree that my samples may be stored, coded to protect my identity, and that my identity will not be disclosed to anyone without my permission, except when required by law.

1  Yes →

6a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

6b. Date Withdrawn:

□	□	/	□	□	/	□	□
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7. I agree that some excess blood may be kept by the ENRGISE Study for use in future research related to the aim of the ENRGISE Study

1  Yes →

7a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

7b. Date Withdrawn:

□	□	/	□	□	/	□	□
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8. I agree that my blood may be used for research to answer other medical questions that are not necessarily related to the aims of the ENRGISE Study.

1  Yes →

8a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

8b. Date Withdrawn:

□	□	/	□	□	/	□	□
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**DNA Specimens Consent**

9. I agree that my DNA may be stored, coded to protect my identity, and that my identity will not be disclosed to anyone without my permission, except when required by law.

1  Yes →

9a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

9b. Date Withdrawn:

□	□	/	□	□	/	□	□
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10. I agree that some excess DNA sample may be kept by the ENRGISE Study for use in future related to the aims of the ENRGISE Study.

1  Yes →

10a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

10b. Date Withdrawn:

□	□	/	□	□	/	□	□
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11. I agree that my DNA sample may be used for research to answer other medical questions that are not necessarily related to the aims of the ENRGISE Study.

1  Yes →

11a. Date Signed:

□	□	/	□	□	/	□	□
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2  No

3  Withdrawn →

11b. Date Withdrawn:

□	□	/	□	□	/	□	□
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