CONDITIONS GOVERNING ADMISSION: The primary purpose of the NIH Clinical Center is the conduct of biomedical research concerning health and disease. You will be evaluated, as an inpatient or outpatient, for consideration as a participant under a clinical research plan called a study or protocol. Your admission may be for general screening, diagnostic procedures, or specific treatment. You may be asked to undergo a number of tests to evaluate your suitability for a study. All of these activities are done for research purposes. Before you are enrolled on a specific protocol, or undergo any experimental tests or treatments, you will be asked to read and sign a separate informed consent document. The study and the status of your health determine the duration of your treatment at the NIH Clinical Center, and whether you are seen as an inpatient or outpatient. You are not obligated to stay and may leave at any time. If you have personal, religious or ethical beliefs which might limit the types of medical treatment (such as blood transfusions) that you would agree to receive (or would want your child to receive), these issues should be discussed in detail with your NIH physicians. Adults may choose to record restrictions on their own medical care in a separate advance directive document. If you have any questions about preparation of an advance directive document, contact a member of your health care team. If you have healthcare insurance, that information will be collected and maintained in your medical record so that, in the unlikely event that you must be transferred emergently to an outside healthcare institution, the Clinical Center can make arrangements with the outside healthcare institution, the ambulance transport company, and your insurance company, as needed.

You may be enrolled in more than one study. While you are enrolled in any study, the NIH will provide study-related care at the NIH Clinical Center, including the evaluation of any complications that may be study-related. Your admission to the NIH Clinical Center does not mean that you are automatically eligible for long-term care at the NIH. When your NIH physicians determine that your participation in clinical research at the NIH has been completed, you will be so notified and returned to the care of your primary physician. Your NIH physicians will provide your primary physician with a complete written summary of your care at the NIH, and will do their best to provide additional information, if necessary.

Medical records are maintained at the NIH Clinical Center in accordance with the Privacy Act of 1974 and the Public Health Service Act, as amended. Much of the medical information obtained about you will be stored in a computer system. The information is used partly for the same purposes as a typical medical record, that is, for your personal benefit. It is also used for research by NIH scientists, some of whom may have no personal contact with you. Much of the information will eventually be used in publications, but your identity will not be revealed. In addition, certain diseases or conditions, including infectious diseases, may be reported to appropriate representatives of the State or Federal Government as required by law. For further explanation regarding information practices at the NIH Clinical Center, please refer to NIH-2753 ("Notice and Acknowledgment of Information Practices") and the "Patients' Rights, Informed Consent, Confidentiality," Patient Handbook: Clinical Center.

CONSENT TO ADMISSION:

I consent to admission to the NIH Clinical Center and understand that, prior to entering the research protocol(s) selected for me, I will be provided with additional information and my consent will be sought for participation in each study.

- I further consent to such routine hospital care, diagnostic procedures, and medical treatment which the medical and professional staff of the NIH Clinical Center may deem necessary or advisable.
- I further consent to the preservation of any specimens taken for laboratory or pathology examination for the purpose of medical research and/or education, or to the disposal of such specimens in a manner determined appropriate by the staff.
- I further consent to the use of medical information obtained about me as specified above and in NIH-2753 ("Notice and Acknowledgment of Information Practices"), a copy of which I have been provided.
- I further consent to NIH staff (as appropriate) making photographs, videos, or other recordings that document my condition/treatment in order to provide, coordinate, or manage my care. These images will be maintained as NIH records until destroyed.

This form has been fully explained to me and I understand its contents. I further understand that no guarantees have been made to me as to the results of treatments or examinations done at the NIH Clinical Center.

Signature of Research Participant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____ Relationship to minor _____

Signature of Second Parent/Legal Guardian *(if required)* _____ Date _____ Relationship to minor _____

Signature of Witness _____ Date _____

Interpreter Certification (if needed):

I have interpreted to the best of my ability all items on the General Admission Consent (NIH 1225-1). I have also asked and translated all questions and answers asked of me by the NIH Staff and research participant to the best of my ability.

Signature of Interpreter _____ Date _____