

	<p>- Affix label here-</p> <p>Clinical Center/ID: ___ - ___ - ___ - ___</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
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1. Date of Contact: - - (M/D/Y)

2. Completed By: _____

This is not a routine task. Complete this form only when:

1. The participant requests that her DNA not be used for WHI genetic studies; or
2. The participant has previously asked that her DNA not be used for WHI genetic studies and now agrees that WHI can use her DNA.

3. Contact Type:

- ₁ Phone
- ₂ Mail
- ₃ Visit
- ₈ Other, _____

4. **Change in consent for WHI genetic studies (DNA use)**

- ₀ No – Participant requests that her blood not be used for WHI genetic studies (which also means she refuses use of her DNA for commercial use even if she has signed the Supplemental Use Consent Form).
- ₁ Yes – Participant’s blood may be used for genetic studies. Use of her DNA for commercial use depends on whether or not she signed the Supplemental Use Consent Form