

Privacy and Confidentiality

All information is kept strictly

confidential. Only research personnel from the Center for Cognitive Medicine and authorized University/government agencies (as mandated by law) will have access to information in the registry.

Contact Information



Call Us!

CCM Registry
c/o John Sweeney
University of Illinois at Chicago
Center for Cognitive Medicine (M/C 913)
912 S. Wood Street, Suite 235
Chicago, IL 60612
Fax: 312.413.8837 Write or e-mail
ccmregistrymanager@psych.uic.edu



The information you submit may be retained and used indefinitely. However, you may end your participation in the Registry or update your contact information at any time by contacting the Registry Manager (312.355.4799), by writing Dr. John Sweeney or the Registry Manager at the address above or by submitting your request online at <http://ccm.psych.uic.edu/research/registry/join.aspx>. If you decide you are no longer interested in participating in this registry, your name and personal information will be removed from the registry within seven days of receiving your request. If you have questions or need additional information, feel free to contact Dr. John A. Sweeney or the Registry Manager at 312.355.4799 or by e-mail ccmregistrymanager@psychic.edu.

Make a Difference JOIN Center for Cognitive Medicine Healthy Volunteer Research Registry



Contact us at 312.355.4799
or visit us at our website
<https://ccm.psych.uic.edu>

What is the Registry?

The registry is a database that contains the names of individuals who want to volunteer for clinical research studies. The information gathered through the registry will be made available to researchers in the Center for Cognitive Medicine to help them identify individuals who meet the needs of a particular study. Research studies might involve testing new treatments or studies using new methods to learn about the causes of psychiatric and neurological disorders.



Who should join?

Men and women who are 18 years of age and older with no known psychiatric or severe medical illnesses.

How do I sign up?

Complete this form to be added to the Center's Healthy Volunteer Registry database. Completing this form does NOT obligate you to participate in a study. What it will do is allow the Center to keep your name in the database so we can contact you to discuss your potential participation in future research studies.

STARTS APPROVAL EXPIRES

OCT 17 2008 TO AUG 18 2009

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

How does it work?

If your personal information (such as age, gender) meet the needs for a particular study, researchers at the Center for Cognitive Medicine will contact you directly. If you are contacted by a researcher and agree to participate in a research study, participation is voluntary and will typically require one or more visits to the Center for Cognitive Medicine at the University of Illinois at Chicago.

- Participation in the Center's Healthy Volunteer Research Registry is voluntary. Completing this form does not obligate you to participate in any studies.
- You can stop your participation or have your Registry information removed at any time, even if you have been participating in a research study.
- At the end of your participation in a study, the Registry Manager may contact you and invite you to comment on your research participation experience.



Study Participation

If you are contacted by a researcher and agree to participate in a research study, participation is voluntary and will typically require one or more visits to the Center for Cognitive Medicine at the University of Illinois at Chicago.



Please read the following information before submitting this document.

You are being asked to permit Dr. John Sweeney, Department of Psychiatry, College of Medicine and his research staff to use and disclose protected health information (demographic information and medical history) that identifies you as a candidate for the Center’s Research Registry. As indicated above, the information you provide will be added to the Center’s Research Registry and used to help researchers at the Center for Cognitive Medicine identify and recruit individuals who are eligible for participation in current or future research studies.

Potential Risks:

There are no risks of physical harm associated with participation in this registry. Participation does involve the potential risk of loss of confidentiality. However, this risk will be minimized by removing your name and address from other information stored in the registry database and storing it separately in a secure location; securing the file containing your personal information, and limiting access of your information to the Center for Cognitive Medicine research teams, Office for Human Research Protection, University of Illinois at Chicago Institutional Review Board and representatives from applicable government agencies as mandated by law.

Representatives from government agencies, i.e. Office for Human Research Protection, University of Illinois at Chicago Institutional Review Board and representatives from other government agencies may not be legally required to follow the procedures and limitations outlined in this document and may release your health information to others. However, all reasonable efforts will be made to keep your protected health information private and confidential.

What if I am a UIC student?

You are free to withdraw your participation in this registry at any time. This will not affect your class standing at UIC. You will not be offered or receive any special consideration if you participate in this registry.

What if I am a UIC employee?

Your participation in this registry is in no way a part of your university duties and deciding not participate will not in any way affect your employment with the university or the benefits, privileges, or opportunities associated with your employment at UIC. You will not be offered or receive any special consideration if you participate in this registry.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Height: ft _____ in _____ Weight: _____ lbs Gender: Male Female

Phone 1: (____) ____ - _____ Mobile: (____) ____ - _____

Phone 2: (____) ____ - _____ Alternate: (____) ____ - _____

Email (if available): _____

How do you prefer to be contacted? Phone Email Postal Mail

Additional contact information: _____

Have you ever participated in a study conducted by an investigator working in the Center for Cognitive Medicine (CCM)?
 Yes No

Optional (This information may be helpful in determining if you qualify to participate in a research study.)

Have any of your first degree family members (i.e., mother, father, brother, sister, or children) ever been diagnosed with any of the following (check all that apply)?

- Schizophrenia or schizoaffective disorder Bipolar Disorder or Manic Depression
- Depression Other form of serious mental illness (specify) _____

Highest level of education completed:

- < 7th grade
- Junior high school (7th, 8th, 9th grade)
- Partial high school (10th, 11th grade)
- Completed high school, trade school
- Attended college, but did not receive four year academic degree
- Completed college, received four year academic degree
- Completed post-graduate training

Handedness? L R How much do you smoke per day? None <1 pack/day 1+ pack/day

How many alcoholic drinks do you have in a typical week? None 1-3 4-7 8-14 15+

Do you use drugs recreationally such as marijuana or LSD? Yes No

If yes, how often? _____

Please list any major physical illnesses: None Please list prescription medication None

Signature: _____ Printed Name: _____ Date: _____

Please return completed form to CCM Registry (M/C 913), 912 S. Wood St., Ste 235, Chicago, IL 60612