ARIZONA STATE UNIVERSITY

OPPORTUNITIES IN HEARING RESEARCH AT ASU
Research Subject Database Agreement Form

Name (First and Last)	Date of Birth *(mm/dd/yyyy)*	Gender	Hearing Status	If hearing impaired:
		☐ Male ☐ Female	☐ Normal ☐ Impaired	☐ Hearing aid(s) ☐ Cochlear Implant(s) ☐ Other
		☐ Male ☐ Female	☐ Normal ☐ Impaired	☐ Hearing aid(s) ☐ Cochlear Implant(s) ☐ Other
		☐ Male ☐ Female	☐ Normal ☐ Impaired	☐ Hearing aid(s) ☐ Cochlear Implant(s) ☐ Other
		☐ Male ☐ Female	☐ Normal ☐ Impaired	☐ Hearing aid(s) ☐ Cochlear Implant(s) ☐ Other

Address_____
Street (Apt. #) City State Zip

Home Phone (____)_____ Work Phone (____)_____ E-Mail_____

What is the best way to contact you? ☐ Home Phone ☐ Work Phone ☐ E-Mail ☐ U.S. Mail

When does your schedule allow you to come to ASU? ☐ Days ☐ Evenings (after 5pm) ☐ Saturdays

What is the primary language spoken in your home? _____

How did you obtain this form? Peds Amp Website

I agree to have my name and/or my children's names added to the ASU research subject database. This will include the information above and any previous hearing test results from the ASU Speech and Hearing clinic. Hearing tests performed at other clinics will be entered only if I give my permission. This authorization has no expiration. I cannot agree on behalf of any other adults in my family who are 18 years or older. I understand that all of the information in the database will remain confidential and that access to this information will be restricted to the Human Research Subject Core Coordinator and his/her assistant. Any reports that are generated from the database will not include identifying information. I understand that I may refuse to participate in any specific study and that I may remove my name and/or my children's names from the database at any time. There is no penalty for non-participation or withdrawal. My refusal will not affect in any way the services I receive now or in the future from the Speech and Hearing Clinic at ASU.

Signature: _____ **Print Name**:_____ **Date:**_____

Circle all that apply: Self Parent Legal Guardian

Please return to:
Pediatric Amplification Lab
Department of Speech and Hearing Science
Arizona State University
P.O. Box 870102
Tempe, AZ 85287-0102

Last updated: 3/08