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VA Biorepository Brain Bank/PTSD Study  
VA Boston Healthcare System  
150 South Huntington Avenue  
Boston, MA 02130

**Permission to Contact for Research**

Prospective Participant Name \_\_\_\_\_

Below please find a signed authorization for the VA Biorepository Brain Bank/ Post-Traumatic Stress Disorder (PTSD) Study to contact me regarding current or future research projects in which I may be able to participate. Please forward the following information to the VA Brain Bank/PTSD Study:

Contact person (if different from participant) \_\_\_\_\_

Telephone number \_\_\_\_\_

Address \_\_\_\_\_

Referred by \_\_\_\_\_ at \_\_\_\_\_

This information may be forwarded to the VA Brain Bank/ PTSD study via fax, email, or authorized hand pick-up.

Thank you.

On behalf of: Neil Kowall, MD  
Principal Investigator, VA Biorepository

**For Questions Call:**  
Toll free (800) 762-6609  
Fax: 857-203-3074

I herewith authorize the Department of Neurology at VA Boston Healthcare System to release the information listed above to the VA Biorepository Brain Bank/PTSD Study.

\_\_\_\_\_  
Signature of Participant or Authorized Representative

\_\_\_\_\_  
Date