



Gulf War Veterans' Illnesses Biorepository Brain Bank
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Permission to Contact for Research

Prospective Research Participant Name: _____

Below, please find a signed authorization for the VA Gulf War Veterans' Biorepository Brain Bank Study to contact me regarding current and future research projects in which I may be eligible to participate. Please contact me by phone, mail, in-person, with information pertaining to the research in care of the following.

Contact person (if different from above): _____

Telephone Number: _____

Address: _____

Referred by (Addressee): _____

Thank you,

Sincerely,
Neil Kowall, M.D.
Principal Investigator, GWVIB Brain Bank
Office Phone: 857-364-4831
Study Fax: 857-364-4528

For questions please call:
857-364-4198
Toll free: 855-561-7827

I herewith authorize the addressee to release the contact information above to the office of the Gulf War Veterans' Illnesses Brain Bank at the VA Boston Healthcare System, Jamaica Plain campus.

Signature of Prospective Research Participant

Date