



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.

Sincerely,

Sean Roth
Project Coordinator

On behalf of: Bertrand Huber, MD, PhD, Principal Investigator, VA Biorepository
For Questions Call: Toll free (800) 762 6609

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