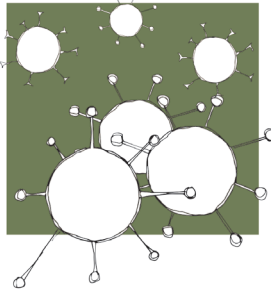


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**COVID-19
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VOLUNTEER**

www.trialsconnect.org

We need to solve the mysteries of COVID-19

If I get COVID-19, I will let researchers...

<input type="checkbox"/> use my medical records	YES/NO
<input type="checkbox"/> use my blood or other samples that would be thrown away	YES/NO
<input type="checkbox"/> take blood or other samples	YES/NO
<input type="checkbox"/> give me a trial medicine or treatment	YES/NO

Name: _____ Date: _____

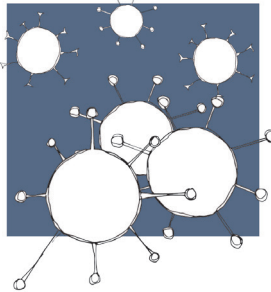
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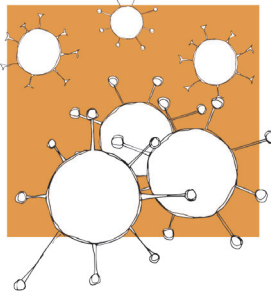
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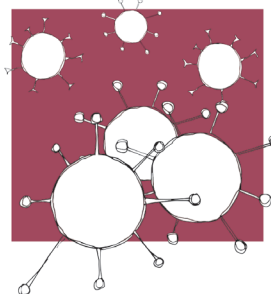
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