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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, **For questions please call:**

*Neil Kowall, M.D* 857-364-4198

*Principal Investigator, GWVIB Brain Bank* Toll free: 855-561-7827

Office Phone: 857-364-4831

Study Fax: 857-203-3074

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.

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Signature of Prospective Research Participant Date