

**GEISINGER MYCODE® COMMUNITY HEALTH INITIATIVE  
SIGNATURE FOR VOLUNTARY CONSENT/AUTHORIZATION**

A blood sample may be collected and used for MyCode research when I have a blood draw. If we find information that we determine to be important to your health care, we may share that information with you and your doctor and place it in your electronic medical record.

*A member of the Geisinger MyCode team may contact me to ask if I want to participate in future MyCode approved studies and to collect additional information.*

**SIGNATURE**

I agree to take part in this research project.

\_\_\_\_\_  
**Research Participant Name (Please Print)**

\_\_\_\_\_  
**Research Participant Signature**

\_\_\_\_\_  
**Today's Date (Date of Consent)**

\_\_\_\_\_  
**Date of Birth**