



PrevaHealth
WELLNESS DIAGNOSTIC CENTER

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Medical Director

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Research Participation Request Form:

Dear Patient:

An important part of what we do at PrevaHealth Wellness Diagnostic Center is to continue to learn how we might do our job better and to advance understanding of the largely preventable diseases.

As part of the ability to provide you and your doctor with clinical interpretation of the EBT e-Speed scans performed, we have asked you to provide us with a variety of clinical information.

These data, the imaging and the clinical information, are valuable resources for clinical research. We are currently investigating a number of issues and would request your permission to use your clinical and image information for this purpose.

The information, whether by written form or contained within the EBT e-Speed images, is ALWAYS treated with respect and is anonymous.

Please indicate your willingness or refusal for participation in future research below. If you choose to not participate, we will honor your request and in no way will this influence our standards of medical care and integrity.

I agree to allow my anonymous clinical and image information to be used for future research in preventable diseases conducted by Dr. Rumberger, Medical Director of PrevaHealth Wellness Diagnostic Center, or his associates.

I choose to not allow my clinical or image information to be used for future clinical research conducted at PrevaHealth Diagnostic Center.

Signature

Signature

Date

Date