

CONSENT FOR SCREENING

TITLE: A Family Study of Schizophrenia and Related Conditions

PRINCIPAL INVESTIGATOR: V.L. Nimgaonkar, MD, PhD / Associate Professor of Psychiatry, phone (412) 624 – 0823.

Thank you for your interest in our research study. This form requests your written consent to permit us to obtain preliminary information about your family. This will help us to determine your eligibility for our study. Please read this form carefully.

The purpose of our study is to investigate the causes of schizophrenia, schizoaffective disorder, bipolar disorder, and related serious psychiatric illnesses. To accomplish our goals, we need families with one or more persons diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder. We also need some of the relatives of these individuals to participate.

What kind of information do we need? We need information about the number of members of your extended family who are diagnosed with one of the illnesses we are studying. For at least one of these ill family members, we will ask for a brief description of their major symptoms, including mood problems (i.e., depression, mania), psychosis (e.g., hearing voices, delusions) or drug and alcohol problems. We will ask also if there are additional relatives who have similar psychiatric problems, and relatives who do not have any psychiatric illnesses, who might be willing to participate. We may ask you to contact these relatives to get their permission for one of our staff to contact them directly.

How do we get this information? Once you have signed this form, mail or fax it to the address provided. One of our staff will then contact you to by phone to clarify information, discuss our procedures further, and talk to you about contacting your relatives on our behalf. This will take only 10-20 minutes to complete.

The risks to you for this initial screening are minimal. Whatever information you give us will be kept confidential, and will not be shared with anyone outside the research project staff. You may feel uncomfortable answering some of the questions. However, you will *not* be required to answer any question you do not want to. You always have the right to withdraw from the study at any time.

Sincerely,

Vishwajit Nimgaonkar, MD, PhD

My signature below indicates that I am willing to provide information for an initial screening and be contacted by research staff.

Signature

Date

Name (Print), Address, Phone Number

Please mail or fax this signed form to: V.L. Nimgaonkar, MD, PhD, 3811 O'Hara Street #444, Pittsburgh, PA 15213 / FAX (412) 624-0446. **For more information,** please call toll free 1-877-363-5895, or call Dr. Nimgaonkar directly at (412) 624-0823, or e mail him at "nimga+@pitt.edu" Thank you for your help!