Dear Parent,

Thank you for your interest in our Twin Research Registry! We would be pleased to have your twins as members of the first twin registry of its kind in northern California. This registry was developed by the Center for Health Sciences of SRI International, a not-for-profit, private institution that has done basic and applied research for government and industry for over 60 years. For the past 30 years, we have conducted research with twins and published over 50 scientific papers covering a wide array of topics, including the heredity of aging, heart, and lung disease, and risk factors for heart disease such as diabetes and smoking. We have also participated with researchers at Stanford University to look at the genetics of the body’s response to the seasonal flu vaccine, as well as genetic and environmental contributions to asthma and allergies. The participation of your twins in the Registry and in future studies will help us learn more about the influence of hereditary and environmental factors on children’s health.

By joining the Twin Research Registry, your twins are agreeing only to be placed on a list to receive annual newsletters and to be contacted regarding research opportunities. You and your twins will have the option to decide if you are interested in participating in studies that may require the completion of questionnaires and interviews at one of our research facilities.

Please complete the attached registration form, sign the consent form and return them to SRI by mail or e-mail. When we receive the completed forms, your twins will be members of the Twin Registry, and we’ll send you membership cards.

All information provided by you will be held strictly confidential and will be used by the Twin Research Registry staff only for the purpose of contacting you in the future. No other organization or individuals will have access to this information. If you have any questions about the enclosed materials or would like more information about our registry, please call us at 1-800-774-8946 (SRI-TWIN) or e-mail us at twin@sri.com. Our website www.sri.com/twin will be updated periodically with new information about studies.

Sincerely,

Ruth Krasnow
Coordinator, Twin Research Registry
Center for Health Sciences
CONSENT TO REGISTER

PARENTS
I, the undersigned, hereby voluntarily consent to register my twins _______________________ and _______________________ in the Twin Research Registry sponsored by SRI International.

I understand that:

1. Registering my twins in the Twin Research Registry involves the completion of a short registration form. This form requires approximately 5-10 minutes to complete.

2. By completing the registration form, my twins become eligible to participate in future twin research studies. I may be contacted regarding the possibility of having my twins participate in twin research studies, but will be under no obligation to do so.

3. All information gathered from the registration form will remain strictly confidential and be available only to the Twin Research Registry staff at SRI.

4. I am free to withdraw my twins from the registry at any time without being subject to any penalty.

If this explanation leaves you with any unanswered questions, please obtain answers satisfactory to you before signing below. If you have questions later, please call Lisa M. Jack, Assistant Director, Center for Health Sciences at SRI (650-859-4249). Additional inquiries may be addressed to the Human Subjects Committee, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025, or 650-859-2686.

Your signature indicates that you have read and understood the above information, that your questions have been answered to your satisfaction, and that you have decided to register based on the information provided. A copy of this form will be furnished to you.

_________________________________  ____________________________
Signature of Parent/Guardian        Date

_________________________________  ____________________________
Name (please print)                Relationship to twins

TWINS
It is OK for my parents to tell you about me. I agree to be part of the SRI Twin Research Registry. It is OK for you to ask me to be part of studies, and I know that I only have to join if I want to.

_________________________________  ____________________________
Signature of Twin                   Signature of Twin
Date Form Completed by Parent: _____/_____/_____

Name of Parent Completing Form: ___________________________________________________________
                                                First                      Middle                      Last

Address                      City                      State                      Zip

( )  ( )  ( )
Home Telephone                      Work Telephone                      Cell Telephone

Email address: ________________________________

General Instructions: For each question, either circle the appropriate number or fill in the appropriate box. Thank you for completing this registration form. By completing this form, your twins become eligible (but under no obligation) to receive a regular newsletter describing opportunities to participate in health research. The information you provide here will remain strictly confidential, known only to staff of the Twin Research Registry at SRI International.

Please give us your twins’ names and gender below

| Name: ________________________________ | 1 Male 2 Female |
| First                      Middle                      Last |
| ID# ___________ |

| Name: ________________________________ | 1 Male 2 Female |
| First                      Middle                      Last |
| ID# ___________ |

| Please give your twins’ date of birth: _____/_____/______ | Pair # ___________ |
| Month                      Day                      Year |

1. Are your twins:
   “As alike as two peas in a pod” . . . . . . 1
   Of only ordinary family resemblance . . . . . 2

2. Do you and your family or teachers and friends
   Have trouble telling your twins apart?
   No. . . . 0
   Yes. . . . 1

3. As far as you know, are your twins:
   Fraternal. . . . 1
   Identical. . . . 2
   Don’t know. . . . 3
4. How close do you feel your twins are compared to the closeness between ordinary siblings?

- Less close than ordinary siblings . . . . . 1
- As close as ordinary siblings . . . . . 2
- Somewhat closer than ordinary siblings . . . . . 3
- Much closer than ordinary siblings . . . . . 4

5. How much time do your twins spend together?

   _____ Hours per day

   _____ Days per week

6. What grade in school are your twins?  

7. What is the ethnic group of your twins?

   - Black, non-Hispanic . . . . . . 1
   - White, non-Hispanic . . . . . . 2
   - Hispanic . . . . . . 3
   - Asian . . . . . . 4
   - Other . . . . . . 5

8. How did you hear about the Twin Research Registry at SRI International?

   - 1 … Newspaper (specify):  __________________
   - 2 … Radio
   - 3 … Friends or relatives
   - 4 … Mothers of Twins
   - 5 … Other (specify):  ________________________

9. Have your twins participated in other research studies?

   - No … 0
   - Yes … 1

Thank you for completing the Twin Research Registry registration form.

The information you have provided will be held in strict confidence.

Twin Research Registry
SRI International
333 Ravenswood  BN129
Menlo Park, CA 94025