## **HOBIT – Online Opt-Out Bracelet Form**

A Traumatic Brain Injury can happen to anyone at anytime. If you do not wish to be enrolled into the HOBIT study you can wear an "**HOBIT Declined**" bracelet at all times during the study enrollment period (approximately 5 years beginning March 2019). If you are wearing this bracelet when you arrive at a participating hospital, the researchers will know not to enroll you in this study. If you would like to wear a bracelet, please contact the study team or complete this form and mail it to the study team. You must provide your name and mailing address.

| Name:                           |  |                                    |
|---------------------------------|--|------------------------------------|
| Mailing address:                |  |                                    |
|                                 |  |                                    |
|                                 |  |                                    |
| Is this opt-out request for a m | inor (or person less than 18 yrs. old)?            | YESNO                              |
| Reason for opt-out request (o   |  |                                    |
|                                 |  |                                    |
|                                 |  |                                    |
|                                 |  |                                    |
| If you learned about HOBIT f    | om a site that is enrolling or plans to $\epsilon$ | enroll please provide the hospital |
| name:                           |  |                                    |
| Study Contacts:                 |  |                                    |

## Study Contacts:

Dr. Robert Silbergleit Deneil Harney, MPH, MSW Phone: 866-929-6388

E-mail: boost-contact@umich.edu

## Mailing address:

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