UNIVERSITY OF MICHIGAN
CONSENT TO BE PART OF A RESEARCH STUDY

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THIS STUDY

Study title: Monitoring Beliefs and Physiological Measures in Students at Risk for COVID-19 Using Wearable Sensors and Smartphone Technology

Names, degrees, and affiliations of the principal investigator and study coordinator (if applicable):

Principal Investigator: Sung Choi, MD, MS Pediatric Oncology/Hematology
Study Coordinator: Christine Cislo, BA, Pediatric Oncology/Hematology
Kristen Gilley, MPH, Pediatric Oncology/Hematology

1.1 Key Study Information

You may be eligible to take part in a research study. This form contains important information that will help you decide whether to join the study. Take the time to carefully review this information. You should talk to the researchers about the study and ask them any questions you have. You may also wish to talk to others such as your family, friends, or other doctors about joining this study. If you decide to join the study, you will be asked to sign this form before you can start study-related activities. Before you do, be sure you understand what the research study is about.

A research study is different from the regular medical care you receive from your doctor. Research studies hope to make discoveries and learn new information about diseases and how to treat them. You should consider the reasons why you might want to join a research study or why it is not the best decision for you at this time.

Research studies do not always offer the possibility of treating your disease or condition. Research studies also have different kinds of risks and risk levels, depending on the type of the study. You may also need to think about other requirements for being in the study. For example, some studies require you to travel to scheduled visits at the study site in Ann Arbor or elsewhere. This may require you to arrange travel, change work schedules, find child care, or make other plans. In your decision to participate in this study, consider all of these matters carefully.

This research collects health-related information and optional saliva samples to better understand COVID-19 infection. This research will help us to look at stress levels and genetic markers that may be associated with COVID-19, as well as the viral load of COVID-19.

There can be risks associated with joining any research study. The type of risk may impact whether you decide to join the study. For this study, some of these risks may include skin irritation from the study Fitbit device. More detailed information will be provided later in this document.

You may have no direct benefits from participating in this research. Wearing a Fitbit may increase your motivation for exercise and may allow you to better track any symptoms of a possible COVID-19 infection. The Roadmap 2.0 app provides positive psychological activities which you may or may not find helpful.

We expect the amount of time you will participate in the study will be up to one year.

You can decide not to be in this study. Taking part in this research project is voluntary. You do not have to participate and you can stop at any time.

Even if you decide to join the study now, you are free to leave at any time if you change your mind.

More information about this study continues in Section 2 of this document.

2. PURPOSE OF THIS STUDY

2.1 Study purpose:

The re-opening of universities during the COVID pandemic has been a heavily considered topic, the safety and well-being of students is a top priority. In this research, we plan to study whether continuous heart rate obtained from wearable devices and self-reported data from surveys and symptom logs alongside saliva samples can be used to help students self-monitor for infection and eventually be able to create a predictive model to detect infection or illness early. We also will provide mobile health apps that were designed to promote positive well-being and information about your circadian rhythm, sleep, and activity. By providing early detection of illness, such a platform would enable steps to enhance your well-being and health and to potentially promote healthy behaviors that could minimize spread of COVID-19 from infected students to other students and staff. We may use the saliva collected for this study for whole genome sequencing which involves mapping all of your DNA to analyze if there are genetic contributions that contribute to the onset or severity of COVID-19 infection.

3. WHO MAY PARTICIPATE IN THE STUDY

Taking part in this study is completely **voluntary**. You do not have to participate if you don't want to. You may also leave the study at any time. If you leave the study before it is finished, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.

3.1 Who can take part in this study?

Inclusion Criteria

- Adults ages 18 years and older.
- Students at the University of Michigan who have moved back to Ann Arbor or who are completing schooling completely online.
- For those completing school online, must be able to provide a mailing address within the United States where they can receive study tools
- Possession of a smartphone (Apple or Andriod)
- Ability to understand and demonstrate willingness to sign a written informed consent.

Exclusion Criteria

- Unwilling or unable to comply with the study procedures.

3.2 How many people are expected to take part in this study?

A total of 5,000 University of Michigan students will be enrolled in this study.

4. INFORMATION ABOUT STUDY PARTICIPATION

4.1 What will happen to me in this study?

During this study, you will be asked to;

Provide a baseline self-collected saliva sample, download and use the suite of apps (e.g., Fitbit, Social Rhythms, Roadmap 2.0) and answer surveys that are delivered through the Roadmap 2.0 app at 4 time points (e.g., baseline, 1-month, 2-month, 3-month [end of academic semester]).

You will wear a non-invasive health sensor watch (Fitbit) for up to one academic year and interact with the positive activity and circadian rhythms and fitness apps. We will provide you with “kits” to collect saliva specimens at your home once at baseline. You will be asked permission to contact you to provide additional samples during the study (i.e., up to 10 times throughout the academic year). More information about the biospecimen collection are covered below. Lastly, you will also take a longer baseline (first) survey and

complete an end of month survey regarding your mental well-being (3 total, one each month for a total of 4 months), there will also be an exit survey about your thoughts about COVID-19 and participating in the study at the end of the study.

Biospecimen collections (saliva collection):

- **Saliva collections**- the study team will ship saliva kits to your home. These contain everything you need to perform saliva collections at home and include written directions. There will be tubes to collect your saliva and a container of liquid preservative you will add after you are done to preserve the sample. You will collect your saliva samples right after you wake up before brushing your teeth or eating or drinking anything. You will package and ship your samples via UPS. We will collect the saliva sample at baseline and possibly up to 10 times throughout the academic year. You will be asked if you would like to opt in or out of saliva samples at the bottom of the consent. If you provide a saliva sample to the any of the COVID-19 testing Michigan Medicine sites or the U-M Student Health Services site, you may opt-in to allowing the study team to any additional "left-over" sample. The study team does not have access to your health records and therefore you would report that you have had testing to the study team.

The non-invasive device you will be using for this study are:

- **Fitbit Watch**- a wrist watch-type of device that monitors your heart rate, activity levels, and sleep patterns. You will be able to see this data in real-time on the Fitbit smartphone app and if desired, you can set fitness and nutrition goals. The watch will either be a Charge 3, Charge 4, or Inspire 2 based on availability.

Smartphone Applications:

- **Roadmap 2.0-** The Roadmap 2.0 app was generated by University of Michigan researchers. A daily survey about your mood will be administered via a push notification or text message to your phone and will be completed on the Roadmap 2.0 app. The monthly and exit surveys will also populate in the Roadmap 2.0 app. In addition, Roadmap 2.0 will provide resources in the resource tab that you may look at. There is also a tab where you can record positive psychological activities such as gratitude journaling, focusing on savoring or engaging with beauty and signature strengths. In addition, you can schedule a pleasant activity, write a love letter, or journal about a random act of kindness.

- **Social Rhythms –** The Social Rhythms app was generated by University of Michigan researchers. Based on your physiological data (e.g., steps, heart rate), the app can generate information regarding your circadian rhythm pre- and post COVID-19. This knowledge may inform how you organize and schedule your day.

After speaking with a research coordinator about the study and signing this informed consent document, the study team will ship the wearable devices to your home.
The research coordinator will provide information on the apps you will need to download (free of charge) and how to properly use the device and complete your baseline saliva sample.

You will be allowed to keep the Fitbit device for your personal use. Your coded Fitbit data will continue to be accessible by study team for up to 1 year after study conclusion. You are not required to wear the Fitbit for any duration of time after the initial academic year is complete.

You may indicate if they study team can contact you in the future at the end of this consent form. You may decline additional saliva collections at any time and you may choose not to answer any surveys or survey questions that you wish not to answer.

Besides the information about the main study, the following information is specific to unspecified future use of identifiable data and/or biospecimens. We would also like your permission to keep some of your saliva sample collected in the main study, so that we may study it in future research. The future research may be similar to this study or may be completely different.

You can take part in the main study even if you decide not to let us keep your saliva sample for future research.

If you give us your permission, we will use your saliva sample for future research. Even if you give us permission now to keep some of your saliva, you can change your mind later and ask us to destroy it. Keep in mind, however, that once we have analyzed your saliva sample, we may not be able to take the information out of our research.

We may share your saliva sample with other researchers, so that they can use it in their research. Their research may be similar to this study or may be completely different. Once we have shared your saliva sample with other researchers, we will not be able to get it back.

Additional studies can pose additional risk for loss of confidentiality, but the study team will do everything to reduce that risk. Your study samples will not have identifying information on them. Future use of your identifiable data and/or specimens will be conducted in compliance with applicable regulatory requirements.

You will not find out the results of future research on your saliva sample. Allowing us to do future research on your saliva sample will not benefit you directly.

With appropriate permissions, your samples and collected information such as Fitbit data may also be shared with other researchers here, around the world, and with companies.

Your identifiable private information or identifiable biospecimens may be stripped of identifiers and used for future research studies or distributed to another researcher for future research studies without additional informed consent.

Research can lead to new discoveries, such as new tests, drugs, or devices. Researchers, their organizations, and other entities, including companies, may potentially benefit from the use of the data or discoveries. You will not have rights to these discoveries or any proceeds from them.

4.2 How much of my time will be needed to take part in this study?

Initial Set-up and informed consent:

- This study will not take a considerable amount of your time. The downloading of the apps and syncing of the Fitbit device will take approximately 5 minutes
- The consent will be sent over via email and signed via SignNow.

Study Elements:

- The baseline survey will take approximately 25 minutes.
- The amount of time you will wear the devices will be at least 8 hours per day up to at least 5 days per week (~40 hours per week) during the academic year (August-May).

- The at-home saliva collections will take approximately 3-5 minutes per collection.
- The exit survey will take approximately 5 minute.
- The monthly mental resilience and well-being survey will take about 15 minutes at 3 time points

4.3 When will my participation in the study be over?
Your participation in the main portion of the study will be completed in one academic year (August 2020-May 2021). Your coded Fitbit data will continue to be accessible by study team for up to 1 year after study conclusion.

4.4 What will happen with my information and/or biospecimens used in this study?
With appropriate permissions, your biospecimens and collected information may also be shared with other researchers, here, around the world, and with companies.

Your identifiable private information or identifiable biospecimens may be stripped of identifiers and used for future research studies or distributed to another researcher for future research studies without additional informed consent.

5. INFORMATION ABOUT STUDY RISKS AND BENEFITS

5.1 What risks will I face by taking part in the study? What will the researchers do to protect me against these risks?
The known or expected risks are:

- The Fitbit band may cause skin irritation
- The applications performing the wearable device data collection during this study may affect the battery life of your smartphone and may use your wireless data plan.
- There is the possibility that there could be unauthorized access to the smartphone applications or a breach of the systems where your data is stored.

The researchers will try to minimize these risks by:

- The study team will make every reasonable effort to keep your data safe and protect the confidentiality of your data including storing data in a secure, limited access data system. Please see the privacy and confidentiality section (section 8.0 of this document) for important information relating to this risk.

You do not have to answer any questions you do not want to answer.

Because this study collects information about you, the primary risk of this research is a loss of confidentiality. See Section 8 of this document for more information on how the study team will protect your confidentiality and privacy.

Because everyone's DNA is unique, it is possible that in the future someone could find out who you are just from your DNA sequence although that is not possible now.

Additionally, there may be a risk of loss to confidentiality or privacy. See Section 9 of this document for more information on how the study team will protect your confidentiality and privacy. You may also look at the following links regarding the privacy policies for each of the apps.

- https://roadmap.study/privacy-policy/about-this-app.html
- http://umich.edu/~socialrhythms/privacy.html
- https://www.fitbit.com/us/legal/privacy-policy

As with any research study, there may be additional risks that are unknown or unexpected.

5.2 What happens if I get hurt, become sick, or have other problems as a result of this research?
The researchers have taken steps to minimize the risks of this study. Even so, you may still have minor problems such as skin irritation, even when the researchers are careful to avoid them. Please tell the researchers listed in Section 10 about any injuries, side effects, or other problems that you have during this study.

5.3 If I take part in this study, can I also participate in other studies?
Being in more than one research study at the same time, or even at different times, may increase the risks to you. It may also affect the results of the studies. You should not take part in more than one study without approval from the researchers involved in each study.

5.4 How could I benefit if I take part in this study? How could others benefit?
You may not receive any personal benefits from being in this study. However, others may benefit from the knowledge gained from this study. You might find that having access to a Fitbit, helps you monitor your own health. You will have access to the Fitbit app, Social Rhythms app as well as Roadmap 2.0 app and its positive psychological activities, which you may or may not find this helpful.

5.5 Will the researchers tell me if they learn of new information that could change my willingness to stay in this study?
Yes, the researchers will tell you if they learn of important new information that may change your willingness to stay in this study. If new information is provided to you after you have joined the study, it is possible that you may be asked to sign a new consent form that includes the new information.

6. ALTERNATIVES TO PARTICIPATING IN THE STUDY

6.1 If I decide not to take part in this study, what other options do I have?
Participation in this study is complete voluntary. Declining this study will have no impact on your student status with the university.

7. ENDING THE STUDY

7.1 If I want to stop participating in the study, what should I do?
You are free to leave the study at any time. If you leave the study before it is finished, there will be no penalty to you. You will not lose any benefits to which you may otherwise be entitled. If you choose to tell the researchers why you are leaving the study, your reasons for leaving may be kept as part of the study record. If you decide to leave the study before it is finished, please tell one of the persons listed in Section 10 "Contact Information". The researchers will keep the information and saliva specimens collected about you for the research unless you ask us to remove the information from our records and destroy the saliva sample. If the researchers have already used your information in a research analysis, it will not be possible to remove your information

7.2 Could there be any harm to me if I decide to leave the study before it is finished?
There is no harm from not completing this study and you may stop participating at any time you choose.

7.3 Could the researchers take me out of the study even if I want to continue to participate?
Yes. There are many reasons why the researchers may need to end your participation in the study. Some examples are:

- The researcher believes that it is not in your best interest to stay in the study.
- You become ineligible to participate.
- Your condition changes and you need treatment that is not allowed while you are taking part in the study.
- You do not follow instructions from the researchers.
- The study is suspended or canceled.

8. FINANCIAL INFORMATION

8.1 Who will pay for the costs of the study? Will I or my health plan be billed for any costs of the study?

There is no cost or billing for this study. All study materials will be provided for you including a Fitbit device and the saliva collection kits. You will be responsible for providing your own smartphone and data plan.

You or your health plan will pay for all the things you would have paid for even if you were not in the study, like:

- Health care given during the study as part of your regular care
- Items or services needed to give you study drugs or devices
- Monitoring for side effects or other problems
- Deductibles or co-pays for these items or services.

If you do not have a health plan, or if you think your health plan may not cover these costs during the study, please talk to the researchers listed in Section 10 below or call your health plan's medical reviewer.

By signing this form, you do not give up your right to seek payment if you are harmed as a result of being in this study.

8.2 Will I be paid or given anything for taking part in this study?

You can receive up to $40 for your participation in the study as well as a free Fitbit device.

You will receive;

- A Fitbit to wear throughout the study and keep after the study
- A $10 gift card for completing each survey: baseline, 1-month, 2-month, 3-month (end of academic semester).

8.3 Who could profit or financially benefit from the study results?

Research can lead to new discoveries, such as new tests, drugs, or devices. Researchers, their organizations, and other entities, including companies, may potentially benefit from the use of the data or discoveries. You will not have rights to these discoveries or any proceeds from them.

9. CONFIDENTIALITY OF SUBJECT RECORDS AND AUTHORIZATION TO RELEASE YOUR PROTECTED HEALTH INFORMATION

The information below describes how the confidentiality of your research records will be protected in this study, and any sub-studies described in this document.

9.1 How will the researchers protect my information?

If you participate in this study, you will be assigned a unique subject ID. This ID is what will be linked to all of your samples and data instead of your name, birthdate, or anything personally identifying. Only the PI and

study team would be able to link the code to your name. This code is all that would be shared with the research lab or any future collaborators.

All de-identified research data from the wearable devices and surveys will stored on secure, university encrypted computers and other electronic password-protected hard drives and servers.

Results of the analysis performed on your samples and data will not be given to you or to your doctor, and will not be placed in your medical record. They are for research purposes only.

Genetic information based on your samples: When we analyze your biospecimens, we will be generating genetic information. Based on research community guidelines, we need to place this data (identified only by code numbers) in open access (public) scientific databases available so that the data can be used by researchers in future studies. Genetic information, including your own, may be sent to the database. All of your personal information will have been removed. Your name, address, etc. will not be in the database. Once we release your data we are no longer in control of the information. There is a small risk that your genetic information could be matched against other genetic databases to get your name.

We will keep confidential any information that could identify you. Data we collect about you from the Fitbit or self-report are stored in password protected files with restricted access. The samples and genetic information are kept separate from your name. Nevertheless, you should be aware that, in spite of all of the safety measures that we will use, we cannot guarantee that your identity will never become known.

In order to provide access to other researchers, the coded information from genetic data analyses will be stored in databases that are accessible in a protected manner on the Internet. There is a very small risk that a research database containing your information could be broken into and your information stolen. If this happens, your genetic information could be used to identify you and your family members, and could result in discrimination by employers or insurance providers. While this is highly unlikely, we want you to be aware of the possibility

Genetic Information Nondiscrimination Act (GINA)

The federal Genetic Information Nondiscrimination Act (GINA) generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance. Under this law:

- Health insurance companies and group health plans may not request your genetic information that we obtain from this research
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums
- Employers with 15 or more employees may not use your genetic information that we obtain from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment

GINA does not apply to the following groups; however, these groups have policies in place that provide similar protections against discrimination:

- Members of the US Military receiving care through Tricare
- Veterans receiving care through the Veteran's Administration (VA)
- The Indian Health Service
- Federal employees receiving care through the Federal Employees Health Benefits Plans

9.2 What protected health information (PHI) about me could be seen by the researchers or by other people? Why? Who might see it?

Signing this form gives the researchers your permission to obtain, use, and share information about you for this study, and is required in order for you to take part in the study.

Medical information and billing records are protected by the privacy regulations of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This type of information is called protected health information (PHI). PHI about you may be obtained from any hospital, doctor, and other health care provider involved in your care, including:

- Demographic information
- Personal identifiers

There are many reasons why information about you may be used or seen by the researchers or others during or after this study. Examples include:

- The researchers may need the information to make sure you can take part in the study.
- The researchers may need the information to check your test results or look for side effects.
- University, Food and Drug Administration (FDA) and/or other government officials, auditors, and/or the IRB may need the information to make sure that the study is done in a safe and proper manner.
- Study sponsors or funders, or safety monitors or committees, may need the information to:
    - Make sure the study is done safely and properly
    - Learn more about side effects
    - Analyze the results of the study
- The researchers may need to use the information to create a databank of information about your condition or its treatment.
- If you receive any payments for taking part in this study, the University of Michigan accounting department may need your name, address, Social Security number, payment amount, and related information for tax reporting purposes.
- Federal or State law may require the study team to give information to government agencies. For example, to prevent harm to you or others, or for public health reasons.

The results of this study could be published in an article, but would not include any information that would let others know who you are.

9.3 What happens to information about me after the study is over or if I cancel my permission to use my PHI?

As a rule, the researchers will not continue to use or disclose information about you, but will keep it secure until it is destroyed. Sometimes, it may be necessary for information about you to continue to be used or disclosed, even after you have canceled your permission or the study is over.

Examples of reasons for this include:

- To avoid losing study results that have already included your information
- To provide limited information for research, education, or other activities. (This information would not include your name, social security number, or anything else that could let others know who you are.)
- To help University and government officials make sure that the study was conducted properly

As long as your information is kept within the University of Michigan Health System, it is protected by the Health System's privacy policies. For more information about these policies, ask for a copy of the University of Michigan "Notice of Privacy Practices". This information is also available on the web at http://www.uofmhealth.org/patient+and+visitor+guide/hipaa. Note that once your information has been

shared with others as described under Question 9.2, it may no longer be protected by the privacy regulations of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

9.4 When does my permission to use my PHI expire?
Your permission expires at the end of the study, unless you cancel it sooner. You may cancel your permission at any time by writing to the researchers listed in Section 10 "Contact Information" (below). If you withdraw your permission, you may no longer be eligible to participate in this study.

10. CONTACT INFORMATION

10.1 Who can I contact about this study?

Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures or treatments
- Talk about study-related costs to you or your health plan
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Principal Investigator: Sung Choi
Mailing Address: 1500 Medical Center Dr. (Medical Professional Building), Rm 4118
Telephone: 734.615.5707

Study Coordinator: Christine Cislo, Kristen Gilley, & Caroline Clingan
Mailing Address: 1500 Medical Center Dr. (Medical Professional Building), Rm 4206
Telephone: 734.936.9712 & 734.936.2263

You may also express a question or concern about a study by contacting the Institutional Review Board listed below:

University of Michigan Medical School Institutional Review Board (IRBMED)
2800 Plymouth Road
Building 520, Room 3214
Ann Arbor, MI 48109-2800
Telephone: 734-763-4768 (For International Studies, include the appropriate calling codes.)
Fax: 734-763-1234
e-mail: irbmed@umich.edu

If you are concerned about a possible violation of your privacy or concerned about a study you may contact the University of Michigan Health System Compliance Help Line at 1-866-990-0111.
When you call or write about a concern, please provide as much information as possible, including the name of the researcher, the IRBMED number (at the top of this form), and details about the problem. This will help University officials to look into your concern. When reporting a concern, you do not have to give your name unless you want to.

11. SIGNATURES

Sig-A

Consent/Assent to Participate in the Research Study

I understand the information printed on this form. I have discussed this study, its risks and potential benefits, and my other choices with [NAME OF STUDY TEAM MEMBER OBTAINING CONSENT] _____. My questions so far have been answered. I understand that if I have more questions or concerns about the study or my participation as a research subject, I may contact one of the people listed in Section 10 (above). I understand that I will receive a copy of this form at the time I sign it and later upon request. I understand that if my ability to consent or assent for myself changes, either I or my legal representative may be asked to re-consent prior to my continued participation in this study.

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____

Sig-B

Consent/Assent to Participate in the Saliva Research Biospecimen Collection

This project involves the option to provide saliva samples throughout the semester. I understand that it is my choice whether or not to provide saliva samples.

_____ Yes, I agree to provide saliva samples for research purposes

_____ No, I do not agree to provide saliva samples for research purposes

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____

Sig-C

Consent/Assent to Collect Saliva Specimens for up to 1-year post study Completion
This project involves the option to allow the study team to contact and collect saliva samples for up to 1 year post the study completion. I understand that it is my choice whether or not collect and allow the analysis of my specimens.

_____ Yes, I agree to let the study team contact me about additional samples for up to 1-year.

_____ No, I do not agree to let the study team contact me about additional samples for up to 1-year.

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____

Sig-D

Consent/Assent to Collect for Unspecified Future Research
This project involves the option to allow the study team to keep your identifiable specimens/data for use in future research. I understand that it is my choice whether or not to allow future use of my specimens. I understand that if my ability to consent or assent for myself changes, either I or my legal representative may be asked to re-consent prior to my continued participation in this study.

_____ Yes, I agree to let the study team keep my specimens for future research.

_____ No, I do not agree to let the study team keep my specimens for future research.

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____

Sig-E

Consent/Assent to Allow Study Team Access to Clinical COVID samples

This project involves the option to allow the study team to have access to left-over clinical saliva COVID-19 samples if I were to come down with COVID and be tested at the University of Michigan Student Health Services site or Michigan Medicine. I understand that if my ability to consent or assent for myself changes, either I or my legal representative may be asked to re-consent prior to my continued participation in this study.

_____ Yes, I agree to let the study team have access to left-over clinical saliva COVID-19 samples

_____ No, I do not agree to let the study team have access to left-over clinical saliva COVID-19 samples

Print Legal Name: _____

Signature: _____

Date of Signature (mm/dd/yy): _____