LetsTalkPPCM BNP Screening Program Participant Consent & Data Collection Form

This form is used by **LetsTalkPPCM** to obtain permission from participants to track B-type Natriuretic Peptide (BNP) blood test results for educational, awareness, and program evaluation purposes related to maternal heart health.

Participant Information

Participant ID (assigned by program): _____

Participant Name (optional): _____

Email or Phone (optional): _____

Age Range: □ Under 20 □ 20–29 □ 30–39 □ 40+

Number of Pregnancies: _____

Current Postpartum Stage: _____ (weeks or months)

Health Information (Self-Reported)

Diagnosis related to pregnancy (if any): _____

Symptoms experienced (check all that apply):

□ Shortness of breath

□ Swelling

□ Chest discomfort

□ Fatigue

□ Rapid heartbeat

□ Other: _____

BNP Test Tracking

Participants may record multiple BNP test results over time.

Test Date	Weeks/Months Postpartum	BNP Result	Notes / Symptoms

Consent for Data Use

I understand that my participation in the **LetsTalkPPCM BNP Screening Program** is voluntary. I give permission for my test information and related health information to be collected and used for awareness, education, and program evaluation purposes. I understand that identifying information may be removed and data may be shared in summary form to help improve maternal heart health awareness and screening efforts.

I understand that **LetsTalkPPCM** does not diagnose or treat medical conditions and that all medical questions or concerns should be directed to my healthcare provider.

□ I consent to participate and allow my data to be collected for the purposes described above.

□ I do NOT consent to my data being used.

Participant Signature: _____

Date: _____