



HARVARD MEDICAL SCHOOL
DEPARTMENT OF OTOTOLOGY AND LARYNGOLOGY

MASSACHUSETTS EYE AND EAR INFIRMARY
243 Charles Street, Boston MA 02114-3096



INFORMATION ABOUT ABI RESEARCH AT MEEI

Thank you for your interest in the Auditory Brainstem Implant (ABI) Program at the Massachusetts Eye & Ear Infirmary (MEEI) and Massachusetts General Hospital (MGH).

Our ABI Research team, based at MEEI, hopes to learn more about how the ABI works to help provide hearing sensations for patients who have received the device because of damaged or absent hearing nerves as a result of neurofibromatosis type 2 (NF2) or other conditions.

We plan to measure how your brain responds to electrical impulses that are produced by the ABI. We will compare the pattern of brain responses from the ABI with any hearing (or non-hearing) sensations you are currently experiencing.

These studies will begin this Fall, 2007. We expect to perform additional studies in the future.

We are now creating a list of ABI patients who are interested in volunteering to be research subjects for our study.

Your responses to the questions below will be helpful to us in determining whether you may be a candidate to participate in our ABI research studies.

Our team will begin contacting candidates in the upcoming months.

We are also required to obtain your written permission to be contacted about our research. Please complete the included Consent Form if you wish to learn more about our ABI research opportunities.

Only patients who *become* study participants will be asked to complete a separate release of medical records waiver. This is usually done at your local clinic or hospital so that your relevant medical records can be sent to us.

All patient information will remain strictly confidential, in compliance with HIPAA and the Human Subjects Committee at the Massachusetts Eye and Ear Infirmary and Harvard Medical School.

Sincerely,

The ABI Program at MEEI & MGH

INFORMATION ABOUT ABI RESEARCH AT MEEI

You can email this completed form as a Word document to abi@meei.harvard.edu, fax this form to: **(617) 573-5502** or send to: ABI Research Program, Eaton-Peabody Laboratory, Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, MA 02114.

1) When was your ABI(s) placed?

2) Where did you have surgery to place your ABI(s)?

3) When did you have your tumor(s) removed from your left ear? Your right ear? How large were the tumors?

4) How often do you use your ABI(s)?

5) In what situations do you find your ABI(s) most helpful?

Your Name: _____

Address: _____

Date of Birth: _____

Email address: _____@_____