Citizens’ Council on Health Care
Invites you to a Public Policy Forum

**Body Parts & Biotech…**
**The Question “IS” Patient Consent**

Will the Governor’s genetic research initiative threaten citizen privacy—and citizen access to health insurance and employment?

The proposed $35 million biotechnology initiative will fund genomic research by the Mayo Clinic and the University of Minnesota.

Housed at Mayo are 10 million human body parts (tissues, organs, and serum) collected during surgeries and autopsies. Mayo’s electronic medical records database already includes 4 million patient records. Plans include adding patient genetic profiles. Patient consent requirements are NOT part of this government-financed, information-gathering and storage project.

This interactive public forum gives the public the opportunity to consider the implications and potential consequences of “unconsented genetic research.”

**Speaker**

**Ellen Wright Clayton, MD, JD,** Director, Center for Genetics and Health Policy at Vanderbilt University. Dr. Clayton, practicing pediatrician and Rosalind E. Franklin Professor of Pediatrics, is a member of the Institute of Medicine committee on genomics and population health.

**Panelist Response**

- **Dale Hammerschmidt, MD**, Director of Education in Human Subjects Protection, Professor of Medicine, University of Minnesota
- **Catherine McCarty, Ph.D., MPH**, Senior Research Scientist and Director of The Center for Human Genetics, Marshfield Clinic Research Foundation, Marshfield, WI
- **Minnesota Office of the Governor** [Governor or representative invited]
- **The Mayo Clinic** [Chairman or representative invited]

**Friday, February 25, 2005**
**3:00 p.m. – 4:30 p.m.**
**2:30 p.m. – Registration and Refreshments**
**Radisson Hotel Metrodome**
615 Washington Ave. SE, Minneapolis, #612-379-8888

**Admission $30** ($25 if registered by Monday, February 21)

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**Registration Form**

Name(s) ____________________________________________________________

Company __________________________________________________________

Address ___________________________________________________________

City ___________________________ State _____ Zip ________________

Phone ___________________________ Email _____________________________

Make checks payable to CCHC and send with this registration form to:
Questions? Call #651-646-8935, info@cchconline.org, www.cchconline.org