UNIVERSITY OF WASHINGTON ASSENT FORM FOR BLOOD STORAGE NEUROGENETICS LABORATORY REPOSITORY

RECEIVED Human Subjects Division

AUG 08 2014

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Child age 7-12 Years

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24-hour emergency number: 206-987-2000, Children's Hospital and Regional Medical Center. Ask the operator to page one of the physicians above or the physician on call for Medical Genetics.

Researcher's statement:

PURPOSE OF THE STUDY

We are doing a science study about brains and nerves. We want to collect a little bit of blood from children like you in families who have problems with their brains and nerves. We also want to collect blood from other people in your family. We may want to keep this blood forever. We may want to keep the information about you forever. We also want to share this blood with other scientists who study people who have problems with their brains and nerves.

STUDY PROCEDURES

If you agree, we will keep your blood. We will ask you if you have had problems with your brain or nerves. It will take about twenty minutes. If you agree, we may share your sample with other people who study the brain and nerve problems in your family. If you agree, we may ask you to be in future studies.

RISKS, STRESS, AND DISCOMFORT

You may feel like the people doing the study are asking many questions.

OTHER INFORMATION

We won't tell anyone you took part in this study. We will keep the blood safe. You don't have to take part in this study if you don't want to. No one will be mad at you. We will give you a copy of this paper to keep.

Signature of researcher	Date	APPROVED
		AUG 1 1 2014
Printed name of researcher		UW Human Subjects Review Committee

Subject's statement:

This research study has been explained to me. I agree to be in this study. I have had a chance to ask questions. If I have more questions, I can ask the doctor.

Signature of subject

Date

Printed name of subject

Copies to: Parent, Investigator's file

APPROVED

AUG 1 1 2014

UW Human Subjects Review Committee