

FEB 09 2018

UW

UNIVERSITY OF WASHINGTON
ASSENT FORM
Children (ages 7 - 12 years)

MOLECULAR ANALYSIS OF GENETIC NEURODEVELOPMENTAL DISORDERS

Researchers:

Daniel Doherty, MD, PhD	Professor, Dept. of Pediatrics	206-616-3788
Ian A. Glass, MD	Professor, Dept. of Pediatrics	206-987-5142
William Dobyns, M.D, PhD	Professor, Dept. of Pediatrics	206-884-1025
Heather Mefford, MD, PhD	Associate Professor, Dept. of Pediatrics	206-543-9572
Jennifer C. Dempsey, MPH	Research Coordinator, Dept. of Pediatrics	206-616-3788

Division of Genetic Medicine, Department of Pediatrics, School of Medicine
206-616-3788, Toll-Free 1-800-246-6312

24-hour emergency telephone number: 1-866-987-2000 (Within Washington, Wyoming, Alaska, Montana and Idaho) Seattle Children's Hospital Switchboard, Seattle, Washington. Please ask the operator to page Dr. Doherty or the physician on call for Medical Genetics. If outside these states, place a collect call to 206-987-2000.

Researchers' statement:

PURPOSE AND BENEFITS

We are doing a science study about eyes, muscles, and the brain. You or a member of your family have problems with their eyes, muscles, or brain. We want to find out why people have these problems. We want to collect saliva (spit) or blood from children like you.

STUDY PROCEDURES

We will ask you questions about your eyes, muscles, and brain. If it's okay with you, we will ask you to collect spit from your mouth. If we can't get spit, we may ask for a few teaspoons of your blood. We will use a clean needle. We will take the blood from your arm. We may check your body to see how it works. We may take a photo of you. Sometimes, we may ask to take a small piece of skin from your arm. We would give you medicine to make it numb first. It will take about ten to twenty minutes.

RISKS, STRESS, AND DISCOMFORT OF THE STUDY

You may feel like the people doing the study are asking many questions. The needle may hurt you a bit. You might get a bruise.

APPROVED

MAR 13 2018

OTHER INFORMATION

You can ask questions at any time. You don't have to take part in this study if you don't want to. No one will be mad at you. If you don't want to be in this study, we will still take care of you. We won't tell anyone you took part in this study. We will give you a copy of this paper to keep.

Printed name of study staff obtaining assent

Signature

Date

Subject's statement:

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

Printed Name of Child Subject

Signature of Child

Date

Printed name of witness

Signature of witness

Date

Witness signature is required for:

☐ Subjects who are illiterate/educationally disadvantaged

APPROVED