**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**FOR A MINOR**

**INFORMED CONSENT - PART IB**

* *Text in blue is informational only and should be* ***deleted*** *before submitting to IRB.*
* *Participants must be provided the Key Information section of the Informed Consent (Part IA) at the beginning of the consenting process.*
* *The Informed Consent process is not complete without participant signatures on both Informed Consents (Parts IB and HIPAA Part II).*
* *The prospective subject or legally authorized representative must be provided with the information that a reasonable person would want to have in order to make an informed decision about whether to participate, and an opportunity to discuss that information.*

***Title of Study:***

***Study Sponsor:***

***What you should know about a research study***

1. We give you this consent form so that you may read about the purpose, risks and benefits of this research study.
2. The main goal of research studies is to gain knowledge that may help people in the future.
3. You have the right to refuse to let your child take part, or agree to take part now and change your mind later on.
4. Please review this consent form carefully and ask any questions before you make a decision.
5. Your child’s participation is voluntary.
6. By signing this consent form, you agree to let your child participate in the study as it is described.

***1- Who is doing the study?***

Investigator Information:

Principal Investigator: Name, Degree

Telephone Number

Medical Investigator: Name, M.D.

Telephone Number

24-hr. Emergency Phone Nos.:

      (Weekdays 7:00 a.m.-4:30 p.m.)

(225) 765-4644 (After 4:30 p.m. and Weekends)

Sub Investigators: Name, Degree

Name, Degree

Dr. Principal Investigator's name directs this study, which is under the medical supervision of Dr. Medical Investigator's Name. We expect about enter number people from enter number sites will be enrolled in this study. *If this is a multi-site study, also include the number being enrolled here at PBRC.* The study will take place over a period of days/weeks/months/years. Your child’s expected time in this study will be days/weeks/months/years. *Indicate whether this study is part of a national study or a Pennington Biomedical Research Center study.*

***2- Where is the study being conducted?***

*For example, “This study takes place in 12 parishes across the Louisiana Delta” and/or “This study takes place in the Metabolic Unit at Pennington Biomedical Research Center”.*

***3- What is the purpose of this study?***

*Describe what the study is designed to discover or establish.*

*If an investigational drug or device is being used, state that the drug, combination of drugs, device, etc. are investigational and include the following:* The use of study drug(s) or device name in this study is investigational. The word “investigational” means that study drug(s) or device name is not approved for marketing by the Food and Drug Administration (FDA). The FDA is allowing the use of study drug(s) or device name in this study.

*If you are using an FDA approved drug or device, but not for an FDA approved purpose, include the following:* Study drug(s) or device name is approved by the Food and Drug Administration (FDA) for the treatment of disease name. It is not approved for use in disease name. The FDA is allowing the use of study drug(s) or device name in this study.

***4- Who is eligible to participate in the study?***

*Provide inclusion criteria. Use bullets for ease of reading and understanding and to reduce the grade level of the consent. Since this a minor consent, use language like "Your child is eligible to participate in the study if:"*

Your child may not qualify for this study based on other eligibility criteria not listed. The study coordinator will go over this information in detail.

***5- What will happen to your child if he/she takes part in the study?***

*Tell the subject what to expect. Give a time-line description of the procedures that will be performed, any drugs that will be administered.*

The following table shows what will happen to your child at each visit if you decide to let your child take part in the study:

***Insert a table of procedures (train schedule) here.***

*Tell the parent/guardian what to expect. Don't say "you" instead say "your child." "If you agree that your child can take part... Give a time-line description of the procedures that will be performed, the drugs that will be administered, and all visits.*

*Describe all visits and procedures chronologically in lay language, using simple terms and short sentences/bulleted lists/short paragraphs.*

*If each visit or group of visits is separated into sub-headings, include the following to each sub-heading if applicable: approximately how long the visits will be and any fasting details (fasting visit; how long to fast).*

***Refer to “Study Procedures with Associated Risks” document for approved language for standard procedure******descriptions.*** ***Document can be found on the IRB/HRPP website at*** [***http://www.pbrc.edu/hrpp/forms/***](http://www.pbrc.edu/hrpp/forms/) ***or posted under the IRB section of PINE.***

*Provide a lay description of the randomization procedure, if applicable, and describe the chances of being assigned to any one group (for two groups use ‘flipping a coin;’ for more than two groups use ‘like drawing numbers from a hat’).*

*If you are drawing blood, you must list the amount (use teaspoons, tablespoons, ounces, etc.) per procedure and the reason for the blood draw (for example, cholesterol or fasting plasma glucose).*

*If the study includes genetic testing, include the following:*

The Genetic Information Nondiscrimination Act (GINA) may help protect your child from health insurance or health-related employment discrimination based on genetic information.

The law provides that health insurance companies and group health plans

* may not ask for genetic information from this research and
* may not use genetic information when making decision about eligibility or premiums

The law will not stop health insurance companies from using genetic information to decide whether to pay claims. The law does not apply to other types of insurance (such as life, disability or long-term care).

Despite the GINA protections and the best efforts of the research team to protect your child’s information, your child may still be at risk if information about your child were to become known to people outside of this study.

***6- What are the possible risks and discomforts?***

*If there are risks or discomforts to participation, describe them for each procedure and drug. (Please use bullets to emphasize* any risks the child may encounter.)

***Refer to “Study Procedures with Associated Risks” document for approved language for standard procedure risks. Document can be found on the IRB/HRPP website at*** [***http://www.pbrc.edu/hrpp/forms/***](http://www.pbrc.edu/hrpp/forms/) ***or posted under the IRB section of PINE.***

*If medications are being used (approved or investigational), risks for each medication must be provided.*

*If this is a placebo-controlled study, include the risk that the participant’s condition may not be treated and that the participant’s condition may worsen.*

*If the study includes a washout period, describe the possible risks of discontinuing medications.*

*In addition to physiological risks/discomforts, describe psychological, emotional, financial, social, and legal risks that might result. For example, address the risk of loss of confidentiality of sensitive information.*

*If the research involves genetic material, include the following:* Genetic information is unique to your child and your family, even without your child’s name or other identifiers. Pennington Biomedical Research Center follows procedures to prevent people who work with your child’s DNA information from being able to discover it belongs to your child. However, new techniques are constantly being developed that may in the future make it easier to re-identify genetic data, so we cannot promise that your child’s genetic information will never be linked to your child.

*If the research involves interviews or questionnaires, include the following:* Your child does not have to answer any questions he/she do not want to answer.

*If the research involves prepared meals for research, include the following:* Because of the way our meals are prepared for research, and the possibility that the ingredients in the foods we get from commercial vendors could change at any time without our knowledge, it cannot be guaranteed that allergens will be identified and removed from the foods used in our research studies. If your child has a food allergy, and is participating in a study where foods are provided, there is a risk that your child could have an allergic reaction. All participants with known life-threatening food allergies must inform staff of their allergies.

In addition to the risks listed above, your child may experience a previously unknown risk or side effect. *(This sentence is not necessary for no risk or minimal risk studies.)*

***7- What are the possible benefits?***

*Describe any direct benefits to the subject, or the possibility of direct benefits, that are likely for subjects. If there are no direct benefits, state:* We cannot promise any benefits from your child being in the study.

*Describe the generalizable or societal benefits and use a sentence such as:* If you take part in this study, you may help others in the future.

*Do not include compensation in this section. Results of tests given to participants and study-related medical care are not considered benefits. If results will be provided, this should be explained in Section 5 (What will happen to you if you take part in the study?).*

***8- If you do not want your child to take part in the study, are there other choices?***

*Describe alternatives to participation in the study.* You have the choice at any time to not let your child participate in this research study. If you choose to not let your child participate, any health benefits to which he/she is entitled will not be affected in any way.

***9- If you have any questions or problems, whom can you call?***

If you have any questions about your child’s rights as a research volunteer, you should call the Institutional Review Board Office at 225-763-2693 or the Executive Director of Pennington Biomedical at 225-763-2513. If you have any questions about the research study, contact insert name of PI at PI's phone number. If you think your child has a research-related injury or medical illness, you should call insert name of MI at MI's phone number during regular working hours. After working hours and on weekends you should call the answering service at 225-765-4644. The on-call physician will respond to your call.

***10- What information will be kept private?***

Every effort will be made to maintain the confidentiality of your child’s study records. However, someone from the Food and Drug Administration *(if applicable*), the National Institutes of Health *(if applicable*), the Pennington Biomedical Research Center, and sponsor(s)'s name(s) and/or the contract research organization (the sponsor) may inspect and/or copy the medical records related to the study. Results of the study may be published; however, we will keep your child’s name and other identifying information private. Other than as set forth above, your child’s identity will remain confidential unless disclosure is required by law.

***A statement is required that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the study or the legally authorized representative, if this might be a possibility.***

***If you plan to store biospecimens, data or imaging for future research, go to section 17. If not, add the following statement:***

Your child’s information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

*If the study will be registered on ClinicalTrials.gov, include the following:* A description of this clinical trial will be available on *http://www.ClinicalTrials.gov,* as required by U.S. Law. This web site will not include information that can identify your child. At most, the web site will include a summary of the results. You can search this web site at any time.

*If you have a Certificate of Confidentiality for this study, include the following information:*

Agency Name has given us a Certificate of Confidentiality for this study. This Certificate provides some additional protection for research information that identifies your child. The Certificate allows us, in some circumstances, to refuse to give out information that could identify your child as a research subject without your consent, when such information is sought in a federal, state, or local court or public agency action. Still, we may disclose identifying information about your child if, for example, your child needs medical help.

We may also disclose identifiable information about your child as described in the Informed Consent Document Part II or in other cases. For example, the government may see your child’s information if it audits us, and the research team will voluntarily comply with reporting requirements to the appropriate local or state authorities:

* if they suspect abuse, neglect or abandonment of a child or vulnerable or dependent adult;
* if certain diseases are present; and
* if the team learns that your child plans to harm someone. In this case, the team also may warn the person who is at risk.

Even with this Certificate in place, you and your family members must continue to protect your child’s own privacy. If you voluntarily give your written consent for an insurer, employer, or lawyer to receive information about your child’s participation in the research, then we may not use the Certificate to withhold this information.

This Certificate does not mean the government approves or disapproves of this research project.

*If you will be submitting genomic data to an NIH designated repository, include the following:*

Genomic studies, including genome-wide association studies (GWAS), examine genetic differences in the entire human genome (the complete set of human genes) and the association between these genetic differences and health conditions.

As part of this study, we will collect information about your child’s health and individual genes. This information will be sent to a National Institutes of Health (NIH) designated data repository that includes all kinds of genomic data from studies funded by the NIH.

The aim of collecting this information is to look for genetic connections that:

* may increase the likelihood of getting a certain disease (such as asthma, cancer, diabetes, heart disease or mental illness) or a condition (such as high blood pressure or obesity)
* may affect the progress of a certain disease or condition
* may affect treatments (medicines, etc.) that work for certain diseases in some people, but not in others.

We will remove direct identifiers (such as your child’s name) and instead code your child’s information before sending it to the repository. NIH will never get this code or the identifiers we have removed.

The repository is a controlled-access repository. Controlled-access data is only available to researchers and companies who apply to the NIH. The NIH will review data requests for scientific merit and for methods to protect data and methods to ensure data will be used for the approved purpose. We will not know what types of health-related research will be done with the data that are sent to the repository.

**What are the risks to your child’s privacy?** There may be risks to your child’s privacy and the privacy of your relatives from storing your child’s information in the repository. Although the NIH takes measures to protect privacy, we do not know how likely it is that your child’s identity could become re-connected with your child’s genetic and health information.

If your child’s genetic information were re-identified, personal information about your child, your child’s health and your child’s risk of disease could become known to others. This could present unknown risks. Current federal law will help protect your child from genetic discrimination in health insurance and employment.

**Are there benefits to sharing your child’s genetic information?** There is no direct benefit to you from placing your genetic information in the repository. Allowing researchers to study your genetic information may lead to a better understanding of how genes affect health. This may help other people in the future.

***11- Can your child’s taking part in the study end early?***

Dr. Principal Investigator, Dr. Medical Investigator, or the study sponsor can withdraw your child from the study for any reason or for no reason. You may withdraw your child from the study at any time without penalty; however, all data Pennington Biomedical has previously collected cannot be removed from the study. Possible reasons for withdrawal include add additional reasons why the subject may be withdrawn, if appropriate. The sponsor of the study may end the study early. *If applicable, information should be added here to describe any adverse effects on the volunteer’s health or welfare, or follow-up that may be requested if they decide to withdraw from the study.*

***12- What if information becomes available that might affect your decision to keep your child in the study?***

During the course of this study there may be new findings from this or other research which may affect your willingness to continue your child’s participation. Information concerning any such new findings will be provided to you and your child.

***If no clinically relevant research results will be shared, include the following statement.*** In this study, you and your child will not be informed of any clinically relevant research that may be discovered.

***If clinically relevant research results will be shared, include the following statement.*** In this study, you and your child will be informed of any clinically relevant research that may be discovered.

***13- What charges will you have to pay?***

*If there are no charges, state “None”.*

***14- What payment will you receive?***

*If there is no payment involved, state “None”.*

*If the volunteer will be compensated for participating, state:* If you agree that your child can take part, we will compensate your child       *(indicate amount) for completion of the study. If your child does not complete the entire study, your child will be compensated*       *(indicate amount) for visits (etc.) Indicate if the amount is pro-rated for study visit completion; Make it clear if the subject will or will not be compensated for any screening visits if applicable).* Your child’s check will be requested from the LSU payroll department when your child completes the study or at the appropriate milestone if your child is compensated during the course of the study. It usually takes about 3-4 weeks for it to arrive at Pennington Biomedical Research Center.

Payments may only be made to U.S. citizens, legal resident aliens, and those who have a work eligible visa. You will need to provide your child’s social security number to receive payment.

Participants are subject to a 1099 for receiving compensation. Payments in excess of $600 per calendar year are considered taxable income. If you will be paid more than $600, Pennington Biomedical/LSU will report this income to the IRS.

Non-US citizens are subject to having taxes withheld from payment and will need a passport, visa and 1-94 for payment to be processed.

***15- Will your child be compensated for a study-related injury or medical illness?***

(If the study sponsor will cover subject injury, ensure this section matches language in the contract.)

No form of compensation for medical treatment or for other damages (i.e., lost wages, time lost from work, etc.) is available from the Pennington Biomedical Research Center. In the event of injury or medical illness resulting from the research procedures in which your child participates, he/she will be referred to a treatment facility. Medical treatment may be provided at your expense or at the expense of your health care insurer (e.g., Medicare, Medicaid, Blue Cross-Blue Shield, Dental Insurer, etc.) which may or may not provide coverage. The Pennington Biomedical Research Center is a research facility and provides medical treatment only as part of research protocols. Should your child require ongoing medical treatments, they must be provided by community physicians and hospitals.

*(DOD-funded research requires other language [see Department of Defense Instruction 3216.02 for guidance]).*

***16- Signatures***

If the study volunteer is a child, and the child is old enough to provide assent, an assent form must be completed by each subject. ***(Note: Signatures of volunteer and person administering informed consent must appear on same page)***

The study has been discussed with me and all my questions have been answered. I understand that additional questions regarding the study should be directed to the study investigators. I agree with the terms above and acknowledge that I will be given a copy of this signed consent form.

With my signature, I also acknowledge that I have been given either today or in the past a copy of the Notice of Privacy Practices for Protected Health Information.

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| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | | |
| Printed Name of Child | |  | Date of Birth of Child | | | |
|  | |  |  | | | |
| Printed Name of Parent/Legal Guardian | |  | Relationship to Child | | | |
|  | |  |  |  |  | |
| Parent/Legal Guardian Signature | |  |  |  | Date | |
|  | | | |  | |  |
| Printed Name of Person Administering Informed Consent | | | |  | |  |
|  | | | |  | |  |
| Signature of Person Administering Informed Consent | | | |  | | Date |
| Insert Name of Principal Investigator |  | | | | | |
| Principal Investigator |  | | | | | |
| Insert Name of Medical Investigator |  | | | | | |
| Medical Investigator |  | | | | | |

***If the study volunteer’s Parent/Legal Guardian is unable to read, please include the following signature lines, as appropriate. If not applicable, do not include as part of the consent form.***

The study volunteer’s Parent/Legal Guardian has indicated to me that he/she is unable to read. I certify that I have read this consent form to the volunteer’s Parent/Legal Guardian and explained that by completing the signature line above the volunteer’s Parent/Legal Guardian has agreed to let his/her child participate.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Signature of Reader Date

***17- What you need to know about future research with your data, biospecimens or imaging. Remove this Section if you are not storing data, biospecimens or imaging for future research. However, if you are, please include the following:***

***If data, biospecimens or imaging for future research is not optional for this research study, include a criterion in Section 4 and remove the signature portions of this section.***

***If the research involves collection and/or sharing of de-identified data, biospecimens, or images to other researchers include the following:***

Your child’s [data, samples or images] may be sent to researchers outside of the Pennington Biomedical Research Center. Any personal information that could identify your child will be removed before the [data, samples or images] are shared.

***If the research involves collection and/or sharing of identifiable data, biospecimens, or images to other researchers include the following statement:***

Your child’s [data, samples or images] may be sent to researchers outside of the Pennington Biomedical Research Center. The [*data, samples or images]* that are sent to these researchers may contain identifiable information. Identifiable information is being sent to these researchers because [*explain the purpose of sending identifiable data, samples or images to researchers outside PBRC*].

**If your research involves biospecimens, add the following:**

What you should know about your child’s biospecimens:

* If you agree to have your child’s samples stored, you can change your mind later.
* The samples will be stored indefinitely.
* For privacy and confidentiality, your child’s samples will be labeled with a unique series of letters and numbers. Pennington Biomedical will store your child’s samples with this unique identifier and the minimum number of personal identifiers to meet laboratory standards.
* The future research may or may not take place at Pennington Biomedical and may or may not involve Pennington Biomedical Researchers.
* You or your child will not be compensated for any research studies that might be conducted in the future.
* You or your child will not be informed of the details of any specific research studies that might be conducted in the future.
* The collection of samples may give scientists valuable research material that can help them to develop new diagnostic tests, new treatments, and new ways to prevent diseases.
* The research done with your child’s specimens may also help to develop new products in the future, or may be used to establish a cell line or test that could be patented or licensed. You or your child will not receive any financial compensation for any patents, inventions or licenses developed from this research.

***For research involving biospecimens, a statement must be added regarding (even if identifiers are removed) whether the biospecimens may be used for commercial profit and whether the subject will or will not share in the commercial profit.***

Your child’s [specific samples] may be used for commercial profit and you will not share in any of the commercial profit from the use of your child’s [specific samples].

***If your research involves blood, add the following:***

**Blood**

If you give permission, approximately list amount in teaspoons, tablespoons, or ounces of your child’s blood will be collected and stored by this study. Your child’s stored samples may be tested at Pennington Biomedical Research Center or other locations used in future research. Do you give permission for your child’s blood to be used in future research?

Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If your research involves tissue, *add the following:***

**Tissue**

If you give permission, your child’s left over tissue (tissue not be used for the purposes of the current study) will be collected and stored by this study. Your child’s stored samples may be tested at Pennington Biomedical Research Center or other locations used in future research. Do you give permission for your child’s tissue to be used in future research?

Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If your research involves urine, *add the following*:**

**Urine**

If you give permission, your child’s urine will be collected and stored by this study. Your child’s stored urine may be tested at Pennington Biomedical Research Center or other locations used in future research. Do you give permission for your child’s urine to be used in future research?

Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If your research involves imaging or MRI scans, *add the following*:**

**Imaging or MRI Scans**

If you give permission, your child’s Imaging or MRI scans will be collected and stored by this study. Your child’s stored images may be used and reviewed at Pennington Biomedical Research Center or other locations used in future research. Do you give permission for your child’s Imaging or MRI scans to be used in future research?

Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If your research involves data for future research, *add the following*:**

If you give permission, your child’s data will be collected and stored for future research. Your child’s stored data may be used and reviewed at Pennington Biomedical Research Center or other locations used in future research. Do you give permission for your child’s data to be used in future research?

Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***For research involving biospecimens, a statement must be added regarding whether the research will (if known) or might include whole genomic sequencing (i.e. sequencing of human germline or somatic specimens with the intent to generate the genome or exome sequence of that specimen).***

Your child’s [specific samples] collected for this research will be analyzed for the study. As part of the analysis, the research [will or might] include [whole genomic, germline, somatic, and/or exome sequencing]. This means that the researchers [will or might] look at your child’s sample to learn about your child’s genes (DNA). There are different ways to analyze DNA. Researchers often use a technology called sequencing to look at DNA. Sequencing “reads” each letter of the DNA and finds changes (also called “variations” or “mutations”) in genes that may cause disease or affect how the body reacts to a certain disease. Cell lines are living tissue samples that can be grown in a laboratory. A cell line can provide an unlimited supply of cells in the future without asking for more samples from you. Each cell contains a complete set of DNA.

**OR**

Your child’s [specific samples] that are collected for this research study will not include [whole genomic, germline, somatic, and/or exome sequencing]. This means that the researchers have no plans to look at or try to “read,” the protein information that makes up your child’s genes (DNA) from your child’s sample.

**Include the following if you will inform subjects of any unexpected findings:**

**Will I be notified if my child’s [data, samples or images] result(s) in an unexpected finding?**

During a research study, a researcher may notice something that he or she was not looking for. This is called an “unexpected finding.” These unexpected findings are not directly related to the research. However, they may show important information about the health of a research volunteer.

Researchers may share some or all of their findings with you about your child. However, you may not learn about any findings for a very long time.

Risks: It can be very upsetting to learn unexpected information about your child’s health. This is especially true if you learn that your child may have or will develop a condition that has no treatment or cure. There is a chance that unexpected findings could affect your family or social relationships, change your family planning decisions, or affect you financially. Your child might need more tests and procedures to find out what the information really means. It’s also possible that the information might be incorrect, so you would worry without cause.

*If there is a* ***possibility*** *that future research will involve gene sequencing or creation of cell lines, include the following appropriate statement(s):* The research may involve research tools such as gene sequencing or the creation of cell lines. Gene sequencing of your DNA provides researchers with the code to your genetic material. Cell lines are living tissue samples that can be grown in a laboratory. A cell line can provide an unlimited supply of cells in the future without asking for more samples from your child. Each cell contains your child’s complete DNA.

What you should know about the cell lines that will be derived in the course of this study?

* The cell lines created will be genetically similar or identical to your child.
* The cell lines may be kept indefinitely.
* There is the possibility that your child’s cells or the created cell lines might be used in research that will involve genetic manipulation of the cells or the mixing of human and non-human cells in animal models.
* The cell lines may be shared with researchers both inside and outside of Pennington Biomedical, including our commercial partners.
* The cell lines may be used to develop treatments for a variety of diseases and conditions.

The Genetic Information Nondiscrimination Act (GINA) may help protect your child from health insurance or health-related employment discrimination based on genetic information.

The law provides that health insurance companies and group health plans

* may not ask for genetic information from this research and
* may not use genetic information when making decision about eligibility or premiums

The law will not stop health insurance companies from using genetic information to decide whether to pay claims. The law does not apply to other types of insurance (such as life, disability or long-term care).

Despite the GINA protections and the best efforts of the research team to protect your child’s information, your child may still be at risk if information about your child were to become known to people outside of this study.

**Genetic Testing**

If you give permission, your child’s stored samples may be tested at Pennington Biomedical Research Center or other locations used in future research. Do you give permission for your child’s biospecimens to be used in future research that may involve genetic testing?

Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**This withdrawal language below must still be included at the end of this section for data, biospecimens, or imaging. It also must be included even if the future research isn’t optional.**

If you decide you would like to withdraw your consent to use your child’s data, biospecimens or imaging, you must provide a written request to have your child’s samples destroyed. In the event you withdraw your consent, it will not be possible to destroy the data, samples or imaging that have already been given to researchers.

For destruction of your child’s data, biospecimens or imaging, you can send a request to the Principal Investigator at:

Principal Investigator

Pennington Biomedical Research Center

6400 Perkins Road

Baton Rouge, LA 70808