



CEDARS-SINAI MEDICAL CENTER[®]

CHILD ASSENT FORM TO TAKE PART IN A RESEARCH STUDY

My name is Dr. Rimoin.

A. Why should I be in this study?

We are asking you to take part in a research study because we are trying to learn more about the problem with your bones or the bones of one of your family members.

B. What do I have to do?

If you agree to be in this study, we will ask you to allow us to review your medical records and x-rays. In addition we may need to take some blood from your (about 12 teaspoons). A very small needle will be used to get blood from your arm. You may be asked for a small piece of skin, so we can study your cells. If you agree to this, we will use numbing medicine before we take a small piece of skin with a special tool called a “punch.”

C. Will it hurt?

When you have your blood taken with a needle, it may feel like a pinch. It will hurt for a minute and sometimes the place where the needle was put might be red and sore. If you have a skin biopsy, the numbing medicine burns when it goes in, but only for a few seconds. When the numbing medicine wears off, there may be some mild pain. It will leave a small scar.

D. How will it help me?

This study may not directly help you, but what is learned might help other people with bone problems. Learning more about bone problems will help the doctors who take care of people with these problems.

E. Do I have to be in this study?

Please talk this over with your parents before you decide whether or not to be in this study. We will also ask your parents to give their permission for you to take

part in this study. But even if your parents say “yes” you can still decide not to be in the study.

If you don’t want to be in this study, you don’t have to be in it. Remember, you can decide whether to be in this study and no one will be upset if you don’t want to be in it or even if you change your mind later and may want to stop.

F. Can I ask questions?

You can ask any questions that you have about the study now. If you forget to ask a question and think of it later, you can call me (310) 423-9915 or ask me next time you see me.

G. Signature

Signing your name at the bottom of this form means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

Signature of Child

Date

Signature of Researcher

Date