

## **Assent to Participate in a Study**

### **Purpose of the Research**

This study is being done to collect blood and urine samples from healthy children to determine normal values or results for lab tests for a number of substances present in blood and urine.

### **Procedures**

You will receive a complete physical examination, like you might receive from a doctor before entering school or playing organized sports. Then a blood sample of 2 tablespoons will be collected from a vein in your arm using a special needle and collection tubes. All of this usually takes less than one hour.

### **Risks**

Blood collection may leave a bruise and you may have a small amount of pain.

### **Benefits**

If your tested value is not normal, you may be able to receive treatment sooner than if you do not participate. By helping us to measure what normal values are, you will be helping others get the correct treatments.

### **Alternative Procedures and Voluntary Participation**

If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop. Please talk this over with your parents before you decide whether or not to participate. 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 do this.

### **Confidentiality**

Your results and identity will remain secret. Written forms will be kept locked up.

### **Person to Contact**

You can ask any questions that you have about the study. If you have questions later that you didn't think of now, you can call Dr. Bill Roberts at (801) 583-2787 ext. 2086.



## Consent

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

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Printed Name of Child

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Signature of Child

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Date

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Printed Name of Witness

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Signature of Witness

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Date

