

Attachment 63 – Consent Documents

Northwestern University
Department of Medical Social Sciences

CONSENT FORM FOR RESEARCH

Title: NIH Toolbox for Neurological and Behavioral Function (Establishing National Norms for NIH Toolbox and Collection of Genotypic Data for the NIH Toolbox Norming Sample (GENORM))

Principal Investigator: Richard Gershon, PhD

Funded by: National Institutes of Health

You are being asked to take part in a research study. This document has important information about the reason for the study and what you will do if you choose to be in this research study.

What is the reason for doing this study?

This study is being done to help scientists create new tests that can be used for future research in health and medicine. These new tests measure thinking and memory and how people do different physical and other activities. This phase of the study will include approximately 8,400 adults and children between the ages of 3 and 85 across the USA.

You are being asked to take part in this study because you are an English- or Spanish-speaking adult who is 18-85 years old. You have also previously indicated that you are interested in participating in this study.

What will you do if you choose to be in this study?

Your participation in this study will last for 2.5 – 3.5 hours. During that time you will answer questions about your health, background, feelings, and alcohol use. We will also ask you to do the following:

- Several tests of memory, problem solving, thinking and ability to concentrate.
- Tests of physical function. For example, you will be asked to place pegs in holes, walk, squeeze a piece of equipment, and stand up and sit down several times.
- A balance test during which you will be asked to stand as steady as you can in different positions.
- Several hearing tests. Some of them will require that you wear headphones.
- Several tests of your sense of smell during which you will smell a variety of odors present in everyday life. The odors will be on “scratch and sniff” cards.
- Questionnaires about your feelings, any pain you might have and your vision and hearing.
- Several taste tests during which you will be asked to put liquids in your mouth, swish and deposit them in a container. Some tests will require the examiner to put liquids on your

tongue with sterile swabs and/or taste strips in your mouth. All of the liquids will be a mixture of water and flavors. You will not be asked to swallow any of them; however, if you should accidentally swallow any of them, they will not hurt you.

- Vision tests during which we will ask you to read letters on a computer screen. We will also ask you to move your head side to side while you are reading some of the letters.
- Several tests of your sense of touch. For example, you will be asked to feel surfaces with different textures.

Some of these activities will involve using a computer, keyboard and/or mouse.

Not everyone will take all of the tests. Some of the tests are only for certain age groups and others are only given at some locations. You can decide not to participate in this study at any time. You can also choose to skip any test that makes you uncomfortable.

What are some of the risks and discomforts that may happen to people who are in this study?

There are no physical risks to participating in this study. However, it is possible that some of the problem-solving and memory tasks may be difficult for you to complete, which can be frustrating to some people. You may also feel upset or be uncomfortable answering some of the questions. You can stop at any time or skip any of the questions that make you feel uncomfortable.

There are several optional elements of this study. Risks involved in the optional elements are described below.

What are some of the benefits that are likely to come from my being in this study?

Taking part in this study may help scientists to better understand different ways to measure human activity and behavior. There will be no direct benefit to you.

What other procedures or courses of treatment might be available to me?

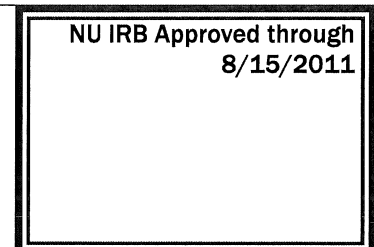
You do not have to take part in this research study. You can decide not to participate without any penalty to you.

Are there any financial costs to being in this study?

There will be no costs to you for being in this study. You will get \$120 (cash, check or Visa card (depending on location)) for completing this research study. You need to complete the study to receive this compensation.

If I have questions or concerns about this research study, whom can I call?

You can call us with your questions or concerns. Dr. Richard Gershon is the person in charge of this research study. You can call him at telephone number 312-503-3453 Monday through Friday, from 9am to 5 pm Central time.



You can also call Dr. Cindy Nowinski at 312-503-3663 Monday through Friday, from 9am to 5pm Central time with questions about this research study.

What are my rights as a research subject?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to choose to stop being in the study at any time. Choosing not to be in this study or to stop being in this study will not result in any penalty to you.

If you want to speak with someone who is not directly involved in this research, or have questions about your rights as a research subject, please contact Northwestern University's Office for the Protection of Research Subjects. You can call them at 312-503-9338.

What about my confidentiality?

Involvement in this research study may result in a loss of privacy, since persons other than us might view your study records. Unless required by law, the following people can review your study records:

- Representatives of the National Institutes of Health
- The Northwestern University Institutional Review Board

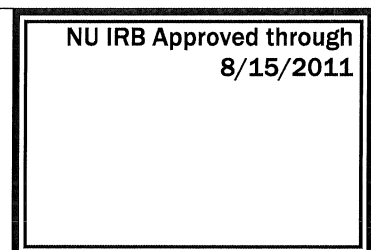
They are required to keep your personal information confidential.

All of the information you provide for this study will be kept separately from your name. You will only be identified by a unique study ID that will be assigned to you when you enroll in the study.

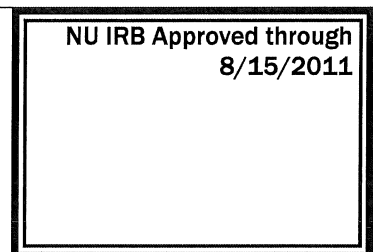
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Results of this study may be used for research, publications or presentations. They may also be shared with other researchers. Your name, address or other identifiable information will never be used.

In this study we will ask you about personal behavior, emotional health and alcohol use. Because of the sensitive nature of these questions and the genetic material, Dr. Gershon has obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). With this Certificate, the investigators cannot be forced to disclose research information that may identify you to any Federal, State, or Local agency in civil, administrative, legislative, or other proceedings. They may, however, have to give this information to DHHS in case of an audit or program evaluation.



Upon your request, we can release your information to your employer or insurer as long as you provide written permission to do so. Finally, Dr. Gershon is not prevented by the Certificate from disclosing your information in order to protect you or others from serious harm.



Consent Summary:

I have read this consent form and the research study has been explained to me. I have been given time to ask questions, and have been told whom to contact if I have more questions. I agree to be in the research study described above.

A copy of this consent form will be provided to me after I sign it.

Subject's Name (printed) and Signature

Date

Name (printed) and Signature of Person Obtaining Consent

Date

A few participants will be invited to come back either a week or three months after their initial test. If invited, are you willing to take some of these tests again? It will take you approximately 2 hours to complete them and we will provide the same compensation as today.

Yes, I would like to come back and take these tests again

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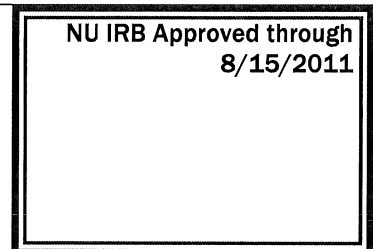
Date

Dr. Richard Gershon and his staff at Northwestern University would like to have your permission to contact you in the future with additional research opportunities linked to this study.

Do you give your permission to be contacted in the future?

Yes, they can contact me in the future _____ (Initial)

No, I do not wish to be contacted again _____ (Initial)



Northwestern University
Department of Medical Social Sciences

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Principal Investigator: Richard Gershon, PhD

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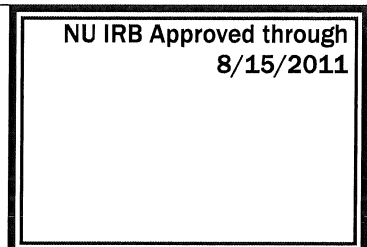
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You are being asked to take part in this study because you are an English- or Spanish-speaking adult who is 18-85 years old. You have also previously indicated that you are interested in participating in this study.

What will you do if you choose to be in this study?

Your participation in this study will last for 2.5 – 3.5 hours. During that time you will answer questions about your health, background, feelings, and alcohol use. We will also ask you to do the following:

- Several tests of memory, problem solving, thinking and ability to concentrate.
- Tests of physical function. For example, you will be asked to place pegs in holes, walk, squeeze a piece of equipment, and stand up and sit down several times.
- A balance test during which you will be asked to stand as steady as you can in different positions.
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Not everyone will take all of the tests. Some of the tests are only for certain age groups and others are only given at some locations. You can decide not to participate in this study at any time. You can also choose to skip any test that makes you uncomfortable.

What are some of the risks and discomforts that may happen to people who are in this study?

There are no physical risks to participating in this study. However, it is possible that some of the problem-solving and memory tasks may be difficult for you to complete, which can be frustrating to some people. You may also feel upset or be uncomfortable answering some of the questions. You can stop at any time or skip any of the questions that make you feel uncomfortable.

There are several optional elements of this study. Risks involved in the optional elements are described below.

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Taking part in this study may help scientists to better understand different ways to measure human activity and behavior. There will be no direct benefit to you.

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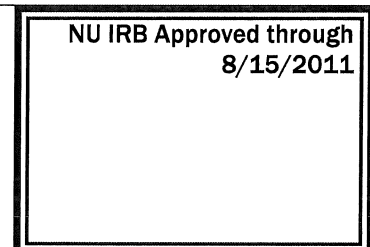
You do not have to take part in this research study. You can decide not to participate without any penalty to you.

Are there any financial costs to being in this study?

There will be no costs to you for being in this study. You will get \$150 (cash, check or Visa card (depending on location)) for completing this research study. You need to complete the study to receive this compensation.

If I have questions or concerns about this research study, whom can I call?

You can call us with your questions or concerns. Dr. Richard Gershon is the person in charge of this research study. You can call him at telephone number 312-503-3453 Monday through Friday, from 9am to 5 pm Central time.



You can also call Dr. Cindy Nowinski at 312-503-3663 Monday through Friday, from 9am to 5pm Central time with questions about this research study.

What are my rights as a research subject?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to choose to stop being in the study at any time. Choosing not to be in this study or to stop being in this study will not result in any penalty to you.

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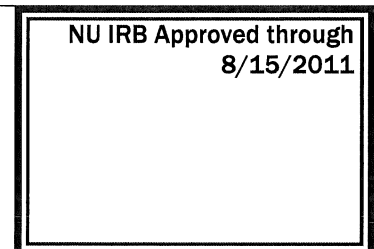
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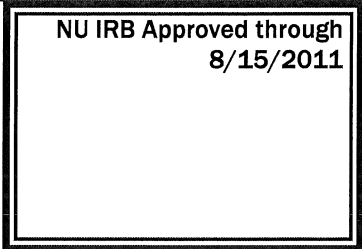
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Upon your request, we can release your information to your employer or insurer as long as you provide written permission to do so. Finally, Dr. Gershon is not prevented by the Certificate from disclosing your information in order to protect you or others from serious harm.



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Subject's Name (printed) and Signature

Date

Name (printed) and Signature of Person Obtaining Consent

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What is the reason for doing this study?

This study is being done to help scientists create new tests that can be used for future research in health and medicine. These new tests measure thinking and memory and how people do different physical and other activities. This phase of the study will include approximately 8,400 adults and children between the ages of 3 and 85 across the USA.

You and your child are being asked to take part in this study because your child is an English- or Spanish-speaking child who is 3-17 years old. You have also previously indicated that you are interested in participating in this study.

What will you and your child do if you choose to be in this study?

Your child's participation in this study will last approximately 2 – 2.5 hours if your child is 3-7 years old and 2.5 – 3 hours if your child is 8-17 years old. During that time your child will answer questions about his/her health, background and feelings. Depending on your child's age, we might ask you to answer some of those questions on your child's behalf.

We may also ask you questions about your family's access to healthcare, your education, income and other questions about your family. If your child is 13 or older, we will ask your child if he/she has ever consumed alcohol and how often.

We will also ask your child to do the following:

- Several tests of memory, problem solving, thinking and ability to concentrate.
- Tests of physical function. For example, your child will be asked to place pegs in holes, walk, squeeze a piece of equipment, and stand up and sit down several times.

- A balance test during which your child will be asked to stand as steady as she/he can in different positions.
- Several hearing tests. Some of them will require that your child wears headphones.
- Several tests of your child's sense of smell during which she/he will smell a variety of odors present in everyday life. The odors will be on "scratch and sniff" cards.
- Questionnaires about your child's feelings, any pain she/he might have and her/his vision and hearing.
- Several taste tests during which your child will be asked to put liquids in her/his mouth, swish and deposit them in a container. Some tests will require the examiner to put liquids on your child's tongue with sterile swabs. All of the liquids will be a mixture of water and flavors. Your child will not be asked to swallow any of them; however, if she/he should accidentally swallow any of them, they will not hurt your child.
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Not everyone will take all of the tests. Some of the tests are only for certain age groups and others are only given at some locations. You or your child can decide not to participate in this study at any time. You or your child can also choose to skip any test that makes you or your child uncomfortable.

What are some of the risks and discomforts that may happen to people who are in this study?

There are no physical risks to participating in this study. However, it is possible that some of the problem-solving and memory tasks may be difficult for your child to complete, which can be frustrating to some people. Your child may also feel upset or be uncomfortable answering some of the questions. Your child can stop at any time or skip any of the questions that make her/him feel uncomfortable.

There are several optional elements of this study. Risks involved in the optional elements are described below.

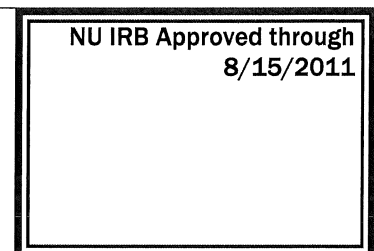
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What other procedures or courses of treatment might be available to my child?

You and your child do not have to take part in this research study. You can decide not to participate without any penalty to you or your child.

Are there any financial costs to being in this study?



There will be no costs to you for being in this study. Your child will get \$125 (cash, check or Visa card (depending on location)) for completing this research study. You and your child need to complete the study to receive this compensation.

If I have questions or concerns about this research study, whom can I call?

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They are required to keep your child's personal information confidential.

All of the information you provide for this study will be kept separately from your child's name. She/he will only be identified by a unique study ID that will be assigned to your child when she/he enrolls in the study.

When the study is finished, only Dr. Gershon and his authorized personnel will have access to the file that links your child's name to her/his study ID. They might use that information to contact you and see if you are interested in allowing your child to participate in some follow up research studies. We will not contact you unless you give us your permission to do so.

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Upon your request, we can release your child's information to your employer or insurer as long as you provide written permission to do so. Finally, Dr. Gershon is not prevented by the Certificate from disclosing your child's information in order to protect your child or others from serious harm.

Consent Summary:

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A copy of this consent form will be provided to me after I sign it.

Parent's Name (printed) and Signature

Date

Name (printed) and Signature of Person Obtaining Consent

Date

16 and 17 year old minors:

This study has been explained to me and I am willing to be in it:

Child's Assent Signature

Date

A few participants will be invited to come back either a week or three months after their initial test. If invited, are you willing to allow your child to take some of these tests again? It will take her/him approximately 2 hours to complete them and we will provide the same compensation as today.

Yes, I allow my child to come back and take these tests again

- Approximately a week from today
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Parent's Name (printed) and Signature

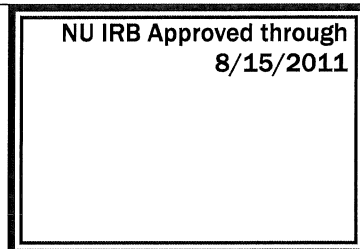
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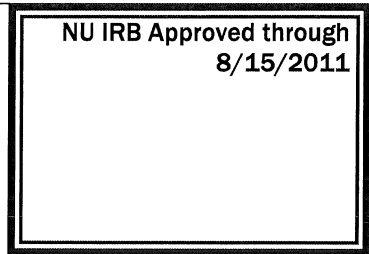
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Do you give your permission to be contacted in the future?



Yes, they can contact me in the future _____ (Initial)
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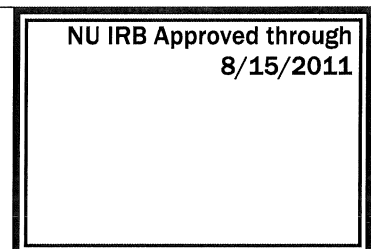
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Taking part in this study may help scientists to better understand different ways to measure human activity and behavior. There will be no direct benefit to you or your child.

What other procedures or courses of treatment might be available to my child?

You and your child do not have to take part in this research study. You can decide not to participate without any penalty to you or your child.

Are there any financial costs to being in this study?



There will be no costs to you for being in this study. Your child will get \$90 (cash, check or Visa card (depending on location)) for completing this research study. You and your child need to complete the study to receive this compensation.

If I have questions or concerns about this research study, whom can I call?

You can call us with your questions or concerns. Dr. Richard Gershon is the person in charge of this research study. You can call him at telephone number 312-503-3453 Monday through Friday, from 9am to 5 pm Central time.

You can also call Dr. Cindy Nowinski at 312-503-3663 Monday through Friday, from 9am to 5pm Central time with questions about this research study.

What are my child's rights as a research subject?

If you choose to allow your child to be in this study, your child has the right to be treated with respect, including respect for her/his decision to continue or stop being in the study. Your child is free to choose to stop being in the study at any time. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or your child or loss of benefit to which you or your child are entitled.

If you want to speak with someone who is not directly involved in this research, or have questions about your or your child's rights as a research subject, please contact Northwestern University's Office for the Protection of Research Subjects. You can call them at 312-503-9338.

What about confidentiality?

Involvement in this research study may result in a loss of privacy, since persons other than us might view your or your child's study records. Unless required by law, the following people can review your study records:

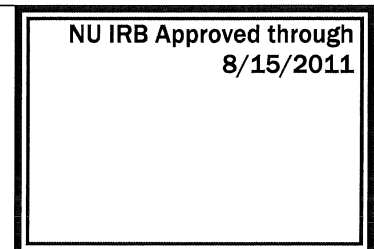
- Representatives of the National Institutes of Health
- The Northwestern University Institutional Review Board

They are required to keep your child's personal information confidential.

All of the information you provide for this study will be kept separately from your child's name. She/he will only be identified by a unique study ID that will be assigned to your child when she/he enrolls in the study.

When the study is finished, only Dr. Gershon and his authorized personnel will have access to the file that links your child's name to her/his study ID. They might use that information to contact you and see if you are interested in allowing your child to participate in some follow up research studies. We will not contact you unless you give us your permission to do so.

Results of this study may be used for research, publications or presentations. They may also be shared with other researchers. Your child's name, address or other identifiable information will never be used.



In this study we may ask your child about personal behavior, emotional health and alcohol use. Because of the sensitive nature of these questions and the genetic material, Dr. Gershon has obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). With this Certificate, the investigators cannot be forced to disclose research information that may identify your child to any Federal, State, or Local agency in civil, administrative, legislative, or other proceedings. They may, however, have to give this information to DHHS in case of an audit or program evaluation.

Upon your request, we can release your child's information to your employer or insurer as long as you provide written permission to do so. Finally, Dr. Gershon is not prevented by the Certificate from disclosing your child's information in order to protect your child or others from serious harm.

The Certificate of Confidentiality also covers the optional study element described below.

Consent Summary:

I have read this consent form and the research study has been explained to me. I have been given time to ask questions, and have been told whom to contact if I have more questions. I agree to allow my child to be in the research study described above and to answer some questions on his/her behalf.

A copy of this consent form will be provided to me after I sign it.

Parent's Name (printed) and Signature

Date

Name (printed) and Signature of Person Obtaining Consent

Date

16 and 17 year old minors:

This study has been explained to me and I am willing to be in it:

Child's Assent Signature

Date

A few participants will be invited to come back either a week or three months after their initial test. If invited, are you willing to allow your child to take some of these tests again? It will take her/him approximately 2 hours to complete them and we will provide the same compensation as today.

Yes, I allow my child to come back and take these tests again

- Approximately a week from today
- Approximately three months from today

Parent's Name (printed) and Signature

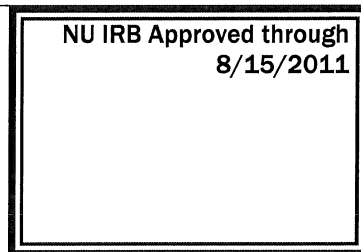
Date

Name (printed) and Signature of Person Obtaining Consent

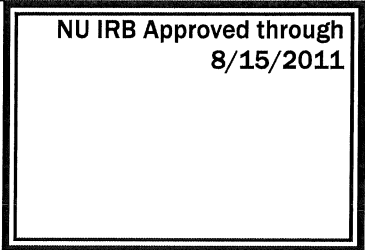
Date

Dr. Richard Gershon and his staff at Northwestern University would like to have your permission to contact you in the future with additional research opportunities linked to this study.

Do you give your permission to be contacted in the future?



Yes, they can contact me in the future _____ (Initial)
No, I do not wish to be contacted again _____ (Initial)



Northwestern University
Department of Medical Social Sciences

ASSENT FORM FOR MINORS AGES 13-15

Project Title: NIH Toolbox for Neurological and Behavioral Function (Establishing National Norms for NIH Toolbox and Collection of Genotypic Data for the NIH Toolbox Norming Sample (GENORM))

Principal Investigator: Richard Gershon, PhD

WHY AM I HERE?

We want to tell you about a research study we are doing. Research studies are done to find better ways of treating people with a disease or to get information about how things work. In this study, we want to find out more about the new tests that we created for future research in health and medicine. You are being asked to be in the study because you are 13-15 years old. In a research study, only people who want to take part are allowed to do so.

WHAT WILL HAPPEN TO ME IN THIS RESEARCH STUDY?

If it is okay with you and you agree to join this study, we will want to see

- how well you remember things
- how strong you are
- how well you can hear, smell, see, taste and feel things

We will also ask you some questions about you and the things you like to do, your health, feelings and alcohol use.

HOW LONG WILL I BE IN THE RESEARCH STUDY?

You will be in this study for 2.5 – 3 hours

CAN ANYTHING BAD HAPPEN TO ME?

Sometimes the tasks we will ask you to do might be hard and you can get upset because you cannot do all of them.

If you are uncomfortable with some of the tasks, please let us know and we will stop.

CAN ANYTHING GOOD HAPPEN TO ME IN THIS RESEARCH STUDY?

If you agree to be in this study, we may learn something that will help other children someday.

DO I HAVE OTHER CHOICES?

You have the choice of not participating in this study.

WHAT IF I DO NOT WANT TO BE IN THIS RESEARCH STUDY?

You do not have to be part of this project. It is up to you. You can even say okay now, but change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

WHAT ABOUT MY CONFIDENTIALITY?

We will do everything possible to make sure that your study records are kept confidential. Unless required by law the following people can review your study records.

- Representatives of the National Institutes of Health
- The Northwestern University Institutional Review Board

They are required to keep your personal information confidential.

WILL I BE PAID FOR BEING IN THIS RESEARCH STUDY?

You will be paid \$125 for taking the time to be in this study.

DO MY PARENTS KNOW ABOUT THIS RESEARCH STUDY?

This study has been explained to your parent/parents/guardian and they have given permission for you to be in it.

WHAT IF I HAVE QUESTIONS?

You can ask Dr. Richard Gershon anything about the study by calling him at 312-503-3453 Monday through Friday, from 9am to 5 pm. If you are not happy with this study and want to talk to someone other than Dr. Richard Gershon or the people helping him please call the Office for the Protection of Research Subjects. You can call them at 312-503-9338.

ASSENT

This study has been explained to me and I am willing to be in it.

Child's Name (printed) and Signature

Date

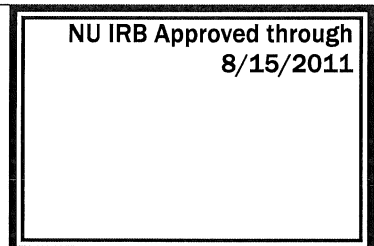
Check which applies below *[to be completed by the person obtaining the assent]*

- The child is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.

- The child is not capable of reading the assent form, but the information was verbally explained to him/her. The child signed above as documentation of assent to take part in this study.

Signature of Person Obtaining Assent

Date



Northwestern University
Department of Medical Social Sciences

ASSENT FORM FOR MINORS AGES 13-15

Project Title: NIH Toolbox for Neurological and Behavioral Function (Establishing National Norms for NIH Toolbox and Collection of Genotypic Data for the NIH Toolbox Norming Sample (GENORM))

Principal Investigator: Richard Gershon, PhD

WHY AM I HERE?

We want to tell you about a research study we are doing. Research studies are done to find better ways of treating people with a disease or to get information about how things work. In this study, we want to find out more about the new tests that we created for future research in health and medicine. You are being asked to be in the study because you are 13-15 years old. In a research study, only people who want to take part are allowed to do so.

WHAT WILL HAPPEN TO ME IN THIS RESEARCH STUDY?

If it is okay with you and you agree to join this study, we will want to see

- how well you remember things
- how strong you are
- how well you can hear, smell, see, taste and feel things

We will also ask you some questions about you and the things you like to do, your health, feelings and alcohol use.

HOW LONG WILL I BE IN THE RESEARCH STUDY?

You will be in this study for 2.5 – 3 hours

CAN ANYTHING BAD HAPPEN TO ME?

Sometimes the tasks we will ask you to do might be hard and you can get upset because you cannot do all of them.

If you are uncomfortable with some of the tasks, please let us know and we will stop.

CAN ANYTHING GOOD HAPPEN TO ME IN THIS RESEARCH STUDY?

If you agree to be in this study, we may learn something that will help other children someday.

DO I HAVE OTHER CHOICES?

You have the choice of not participating in this study.

WHAT IF I DO NOT WANT TO BE IN THIS RESEARCH STUDY?

You do not have to be part of this project. It is up to you. You can even say okay now, but change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

WHAT ABOUT MY CONFIDENTIALITY?

We will do everything possible to make sure that your study records are kept confidential. Unless required by law the following people can review your study records.

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- The Northwestern University Institutional Review Board

They are required to keep your personal information confidential.

WILL I BE PAID FOR BEING IN THIS RESEARCH STUDY?

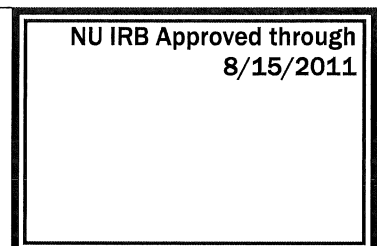
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DO MY PARENTS KNOW ABOUT THIS RESEARCH STUDY?

This study has been explained to your parent/parents/guardian and they have given permission for you to be in it.

WHAT IF I HAVE QUESTIONS?

You can ask Dr. Richard Gershon anything about the study by calling him at 312-503-3453 Monday through Friday, from 9am to 5 pm. If you are not happy with this study and want to talk to someone other than Dr. Richard Gershon or the people helping him please call the Office for the Protection of Research Subjects. You can call them at 312-503-9338.



ASSENT

This study has been explained to me and I am willing to be in it.

Child's Name (printed) and Signature

Date

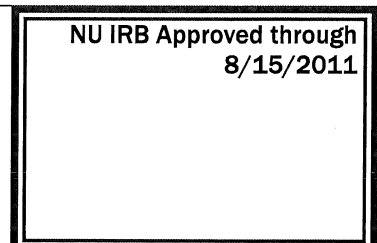
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Signature of Person Obtaining Assent

Date



Northwestern University
Department of Medical Social Sciences

ASSENT FORM FOR MINORS AGES 7-12

Project Title: NIH Toolbox for Neurological and Behavioral Function (Establishing National Norms for NIH Toolbox and Collection of Genotypic Data for the NIH Toolbox Norming Sample (GENORM))

Principal Investigator or Faculty Advisor: Richard Gershon, PhD

My name is _____

We want to tell you about a research study we are doing. A research study is usually done to find a better way to treat people or to understand how things work. This study is being done to help scientists make new tests that can be used to learn more about health and medicine. These new tests measure how people think, remember and do different physical and other activities.

You are being asked to be in this study because you are between 7 and 12 years old. In any study, only people who want to take part are allowed to do so. You do not have to be in this study if you do not want to do so.

If it is okay with you and you agree to join this study, we will want to see

- how well you remember things
- how strong you are
- how well you can hear, smell, see, taste and feel things

We will also ask you some questions about you and the things you like to do. We also might ask you to spit into a tube so that we can collect your saliva (or spit).

Sometimes the tasks we will ask you to do might be hard and you can get upset because you cannot do all of them.

If you are uncomfortable with some of the tasks, please let us know and we will stop.

If you agree to be in this study, we may learn something that will help other children someday.

You do not have to be in this study. It is up to you. You can say no now or you can even change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

You will be paid \$125 for taking the time to be in this study.

Your parents say it is okay for you to be in this study. If you have questions, please ask them now or at any time.

Dr. Richard Gershon is in charge of this study. You can reach him at 312-503-3453 Monday through Friday, from 9am to 5 pm. If you are not happy with this study and want to talk to someone other than Dr. Richard Gershon or the people helping Dr. Gershon, please call the Office for the Protection of Research Subjects (OPRS). You can call them at 312-503-9338.

ASSENT

This study has been explained to me and I am willing to be in it.

Child's Name (printed) and Signature

Date

Check which applies below *[to be completed by the person administering the assent]*.

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Signature of Person Obtaining Assent

Date

Northwestern University
Department of Medical Social Sciences

ASSENT FORM FOR MINORS AGES 7-12

Project Title: NIH Toolbox for Neurological and Behavioral Function (Establishing National Norms for NIH Toolbox and Collection of Genotypic Data for the NIH Toolbox Norming Sample (GENORM))

Principal Investigator or Faculty Advisor: Richard Gershon, PhD

My name is _____

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