



What is a Clinical Trial?

Informed consent

PARTICIPATION

PARTICIPATION IN THIS STUDY IS VOLUNTARY. IF YOU DECIDE TO PARTICIPATE, YOU MAY WITHDRAW FROM THE STUDY AT ANYTIME.

CONSENT

I UNDERSTAND THAT I MAY DISCUSS PROBLEMS, CONCERNS, AND QUESTIONS WITH MY DOCTOR. I MAY ALSO GET MORE INFORMATION ABOUT THE TRIAL FROM MY DOCTOR. AND I MAY GIVE FEEDBACK ABOUT THE TRIAL TO MY DOCTOR.

THE ABOVE INFORMATION HAS BEEN EXPLAINED TO ME AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED.

A COPY OF THIS FORM WILL BE PRINTED AND GIVEN TO ME.

BY SIGNING THIS FORM, I AGREE TO PARTICIPATE IN THIS CLINICAL TRIAL.



SIGNATURE OF PARENT OR GUARDIAN

SIGN HERE

PRINT YOUR NAME HERE

ALL INFORMATION THAT IS OBTAINED IN CONNECTION WITH THIS STUDY AND THAT CAN IDENTIFY YOU WILL BE KEPT CONFIDENTIAL AND ONLY USED AS PERMITTED BY LAW.