UNIVERSITY OF WASHINGTON
ASSENT FORM
Children (ages 7 - 12 years)

MOLECULAR ANALYSIS OF GENETIC NEURODEVELOPMENTAL DISORDERS

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Researchers’ statement:

PURPOSE AND BENEFITS
We are doing a science study about eyes, muscles, and the brain. You or a member of your family have problems with their eyes, muscles, or brain. We want to find out why people have these problems. We want to collect saliva (spit) or blood from children like you.

STUDY PROCEDURES
We will ask you questions about your eyes, muscles, and brain. If it’s okay with you, we will ask you to collect spit from your mouth. If we can’t get spit, we may ask for a few teaspoons of your blood. We will use a clean needle. We will take the blood from your arm. We may check your body to see how it works. We may take a photo of you. Sometimes, we may ask to take a small piece of skin from your arm. We would give you medicine to make it numb first. It will take about ten to twenty minutes.

RISKS, STRESS, AND DISCOMFORT OF THE STUDY
You may feel like the people doing the study are asking many questions. The needle may hurt you a bit. You might get a bruise.
OTHER INFORMATION
You can ask questions at any time. You don't have to take part in this study if you don't want to. No one will be mad at you. If you don’t want to be in this study, we will still take care of you. We won't tell anyone you took part in this study. We will give you a copy of this paper to keep.

Printed name of study staff obtaining assent  Signature  Date

**Subject's statement:**
This research study has been explained to me. I agree to take part in this study. I have had a chance to ask questions. If I have more questions, I can ask the doctor.

Printed Name of Child Subject  Signature of Child  Date

Printed name of witness  Signature of witness  Date

Witness signature is required for:
☐ Subjects who are illiterate/educationally disadvantaged