

# CHILDREN'S NATIONAL MEDICAL CENTER

Department of Neurology  
111 Michigan Avenue, NW  
Washington, DC 20010  
(202) 884-5000

## ASSENT (AGES 7 through 11) TO PARTICIPATE IN A CLINICAL RESEARCH STUDY

**TITLE OF STUDY:** Cerebrospinal Fluid Asialotransferrin in Vanishing White Matter disease

**PRINCIPAL INVESTIGATOR:** Adeline Vanderver, MD, Department of Neurology

### A & B. WHAT IS THE REASON FOR THE STUDY AND WHAT WILL HAPPEN IN THE STUDY?

Participating in this research study means that you allow us to study blood samples from a blood draw, and spinal fluid samples from a spinal tap performed by your doctor to try to find why you are sick.

Researchers in a laboratory will look at your genes (made up of DNA) and proteins to see if there is a change that may be responsible for some of your health problems. Genes are the recipes for how our body works and the DNA are the words/letters that make up this recipe. A protein carries out the instructions of the recipe and is made up from the recipe.

The laboratory will use these studies to try to find out why you are sick and to try to make better tests for these disorders.

### C. WHAT POSSIBLE UNEXPECTED THINGS COULD HAPPEN?

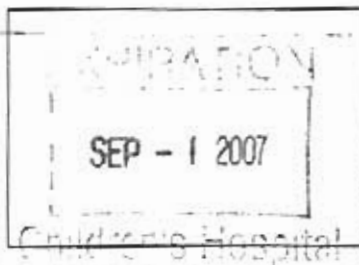
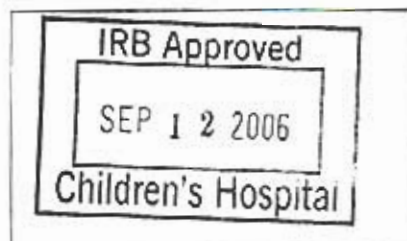
Sometimes the blood draw and spinal tap can cause unexpected problems. These can make you feel sick. Your doctor and parents will look out for any problems and check to see how you are feeling. If you think something is wrong be sure to tell your parents right away.

### D. WHAT POSSIBLE GOOD THINGS COULD HAPPEN?

The children who are part of the study will help us find out if a new test works. If the new test does work, it may help your doctors and parents find out what is making you sick.

**IRB APPROVAL DATE:**

**IRB EXPIRATION DATE:**



IRB Protocol No.: { 3690 }  
Date: (9/19/2005)  
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**ASSENT**

I understand what the doctor has told me and I want to be in the study.

Printed Name of Participant: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Witness (to signature): \_\_\_\_\_ Date: \_\_\_\_\_

(may be investigator)

Translator's Signature (if, applicable): \_\_\_\_\_ Date: \_\_\_\_\_

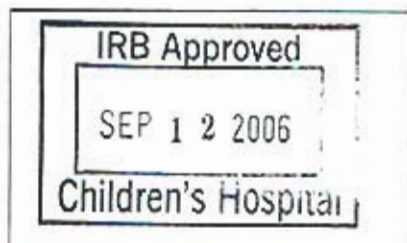
Language: \_\_\_\_\_

**AFFIDAVIT OF PERSON OBTAINING ASSENT:** I certify that I have explained to the above individual(s) the nature and purpose of the study, potential benefits, and possible risks associated with participation in this study. I have answered any questions that have been raised.

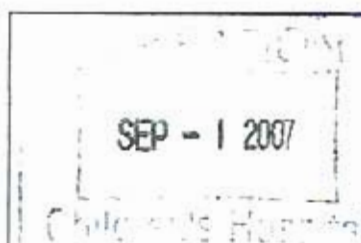
Printed Name of Individual Obtaining Consent: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IRB APPROVAL DATE:**



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