

CHILDREN'S HOSPITAL

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

WAIVER OF ASSENT TO PARTICIPATE IN A CLINICAL RESEARCH PROJECT

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

PRINCIPAL INVESTIGATOR: Adeline Vanderver, MD, Neurology

PI Statement:

Assent is waived because of the mental age , psychological state of the child , or because there is potential for medical benefit to the child by participating in this research protocol .

Acknowledgement of Waiver:

Printed Name of Participant: _____
(Child is between 7 & 18 years of age)

Medical Record Number: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Printed Name of Individual Obtaining Waiver: _____

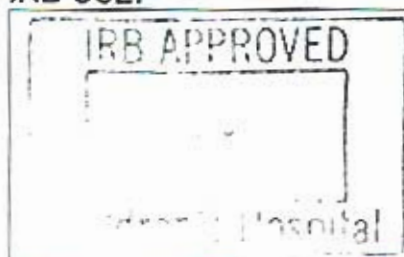
Title: _____ Date: _____ Signature: _____

I have witnessed the explanations made by the investigator and heard the responses to questions. I have no conflicting interest in the activity proposed.

Printed Name of Witness: _____

Signature of Witness: _____

IRB USE:



IRB Protocol No.: { 3690 }
Date: { 9/19/2005 }
Page 1 of 1