Child’s Assent for Being in a Research Study

Yale-New Haven Hospital/Yale University School of Medicine

Title: Genetic and molecular studies of developmental neuropsychiatric disorders associated with cognitive and behavioral impairment.

Doctors in charge: Dr. Abha Gupta and Dr. Thomas Fernandez

Your Name: ____________________________________________

This study could also be called “Studies of families with people who have unusual ways of thinking, behaving or being with other people”. It is a very long name but we will explain it to you.

Why am I here?

We are asking you to be part of a research project. You, or some people in your family, have unusual ways of thinking, behaving or being with other people. We know that if one person in a family has these problems then other people in his or her family are likely to have them too.

Why are we doing this study?

We are trying to find out why some people in your family have unusual ways of thinking, behaving or being with other people. These problems may make some people very upset and even seem sick but not everyone. We are trying to find ways to help people before they get very sick. We also want to learn more about how cells grow and work. We can use cells from different parts of your body to study this.
What will happen to me?

1- We will ask you to give us a sample of your spit--yes your spit! We will ask you to spit a few times into a special little cup.
   i. For children who cannot spit enough, we will brush the insides of your cheeks with very soft, very small brush. It is tickly.

Will the study hurt?

The testing is quick.
The spit test does not hurt.
The cheek swab test does not hurt, it is tickly.

Will the study help me?

We may learn that you have a problem and then you may get medicines and treatments before you get very sick.
We may learn better ways to make new medicines.

What if I have any questions?

You can ask any questions about the study. If you have a question later that you didn’t think of now, you can call 203-785-6066. You may call at any time to ask questions about this study.

Do my parents know about this?

This study was explained to your parents and they said that you could be in it. You can talk this over with them before you
decide. We only talk about the study with the people who work on it.

**Do I have to be in the study?**

You do not have to be in the study. No one will be upset if you don’t want to do this. If you do want to be in the study, just tell us yes. If you don’t want to be in this study, just tell us no. You can say yes now and change your mind later. It's up to you.
Writing your name on this page means that this paper was read by you (or to you) and that you agree to be in the genetic study. You know what will happen to you. If you decide to quit the study all you have to do is tell the person in charge.

Please print your name

___________________________________

Please sign your name in script

___________________________________

Please write today’s date

________________________

Researcher’s name printed __________________________

Researcher’s name signed __________________________

If you have more questions about this project, or if you have a problem related to the research study, you may contact the doctor in charge, Abha Gupta, MD at (203) 479-0219. If you have any questions about your rights as a research subject, you may call the Yale University Human Investigation Committee at (203) 785-4688.