Why are we meeting with you?
We want to tell you about something we are doing called a research study. A research study is when doctors collect a lot of information to learn more about how the body works. Dr. Elliott Sherr and his team are study to learn more about people who have seizures they are unable to control. After we tell you about our project, we will ask if you’d like to be in this study or not.

Why are we doing this study?
Right now, we don’t know why some people have seizures they can’t control. We want to know why part of their brain doesn’t communicate quite right causing unusual movements, actions, or other problems. We think it might have something to do with different things can be found in people’s blood.

There will be about 262 people that will be in this study.

What will happen to you if you are in this study?
Only if you agree, a few things will happen:
1. You and your Mom or Dad will be asked about your health.
2. A small amount of your blood will be taken. Blood will be taken by putting a needle in your arm.
4. You and your Mom or Dad will be asked questions and asked to fill out questionnaires.

Will this study hurt?
The stick from the needle to draw your blood will hurt, but this pain will go away quickly.

Will you get better if you are in this study?
No, this study won’t make you feel better or get well. But the doctors might find out something that will help other children like you later.

Do you have any questions?
You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

Do you have to be in this study?
No, you don’t. No one will be mad at you if you don’t want to do this. If you don’t want to be in this study, just tell us. Or if you do want to be in the study, tell us that. And, remember, you can say yes now and change your mind later. It’s up to you.

The doctor will give you a copy of this form to keep.
SIGNATURE OF PERSON CONDUCTING ASSENT DISCUSSION

I have explained the study to ________________________(print name of child here) in language he/she can understand, and the child has agreed to be in the study.

__________________________________
Signature of Person Conducting Assent

_______________________________
Discussion Date

__________________________________
Name of Person Conducting Assent Discussion (print)