

Child's Assent for Being in a Research Study
Yale-New Haven Hospital/Yale University School of Medicine

Title: Spitzoid Neoplasm Repository

Why am I here?

We are asking you to take part in a research study because we are trying to learn more about certain cells that grow on the skin (they are like freckles). We are inviting you to be in the study because your skin doctor (dermatologist) wants to learn more about the cells on your skin.

Why are they doing this study?

When doctor looks at your skin and sees a spot that should be watched for any changes, he or she may take off some of the skin cells to test them (this is called a sample). For this study, doctors and nurses will look at the samples and decide if you have the type of spot they want to study. Then they will ask if you would like to be in the study. They will also ask your parent/guardian if you can be in the study. We are talking to you today because we would like to use some of the sample that your doctor removed from your skin so that we can study it more.

What will happen to me?

If you decide to take part in this study, you will sign this form after the study doctor answers any questions you may have. Your parent/guardian will sign a different form. The study doctor will then ask some questions about your age and your health. They will collect your sample.

Will the study hurt?

This study will not hurt.

Will the study help me?

This study will not help you directly but we hope that we may learn more about health and more about these skin cells.

What if I have any questions?

You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me (Dr. Rossitza Lazova at 203.785.3524) or ask me next time.

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.

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 don't want to be in this study, you just have to tell them. You can say yes now and change your mind later. It's up to you.

Approved - Valid through 02-JUN-2011

Principal Investigator: *Rossitza Lazova, MD*

HIC# 0805003896

Writing your name on this page means that that you agree to be in the study, and know what will happen to you. If you decide to quit the study all you have to do is tell the person in charge.

Print Name of Child

Date

Signature of Child

Date

Signature of Researcher

Date