GENERAL CONSENT FOR CONTINUED PARTICIPATION IN COG RESEARCH

Principal Investigator: Jagadeesh Ramdas, MD

You are currently taking part in a research study. Permission for you to take part in this research study was given by one of your parents. Now that you have reached the age of majority, we are asking for your consent for continued participation in this research study. The age of majority means you are considered adult enough to sign legal contracts and consents for yourself. We are now giving you a copy of the consent document.

You are currently being followed according to study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Study participation is voluntary and you may decide to stop taking part in this study at any time, however, you are encouraged to discuss this with your study doctor first, Dr. Jagadeesh Ramdas.

Information (study data) about your treatment is being sent to the Children’s Oncology Group. If you have completed study treatment already, study data about your current health will also continue to be sent unless you notify Geisinger Medical Center that it should stop.

Blood or tissue samples may have already been sent for research testing as part of this study. If you prefer not to have the study doctors save or use your samples for future testing, you should notify Geisinger Medical Center that you would like those samples thrown away.

During your follow-up visits after treatment, you may ask to be given a summary of the study results once are written up. However, it may be several years after you take part in this study before the study is completed and the results are available.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study, contact: Jagadeesh Ramdas, MD, Primary Investigator at Geisinger Medical Center at 570-271-6896.

If you have any questions about your rights as a research participant or any complaints that you feel you cannot discuss with the investigators, you may call contact the HRPP staff of the Geisinger Institutional Review Board (which is a group of people who review the research to protect your rights) at 570-271-8663.

Copies of the previously signed informed consent/parental permission form and this consent form will be given to you.

Do you wish to continue to participate in this research study?

 **YES NO**

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_