ADDENDUM CONSENT to CONTINUE ParticipatION in a

Research STUDY AT tEXAS a&m uNIVERSITY-cORPUS cHRISTI (TAMU-CC)

## <<STUDY TITLE>>

As a child, you participated in the research study named above. At the time of your participation in the study, your parent(s) or legally authorized representative(s) gave permission for your participation. Depending on your age at the time, you may or may not have been asked if you agreed to participate.

The purpose of the research study is <<study objectives>>.

Now that you are 18 years old, we are asking for your consent to keep your <<sample/identifiable data>> indefinitely to be used for future research studies related to <<scope of future research planed, i.e. neurological disorders in children>>. We are providing you with a copy of the original signed Parental Permission and Child Assent Form that was completed at the time of your study participation. Please read this document and ask questions before making the decision below.

Provide a description of the options you want to provide to the subject. Below are common options; not all may be applicable to your future plans for this project.

**Optional Future Research Studies:**

I agree for my <<samples>> to be kept indefinitely for future research studies related to <<scope of future research planed>>.

Yes No \_\_\_\_\_ Initials

I agree that my information can be used by other researchers to study <<scope of future research planed >>.

Yes No \_\_\_\_\_ Initials

I agree that TAMU-CC may contribute my anonymous research data and information to a public database [describe].

Yes No \_\_\_\_\_ Initials

Someone from the TAMU-CC study team may contact me in the future to ask about me participating in future research studies.

Yes No \_\_\_\_\_ Initials

##### CONSENT OF SUBJECT

The purposes, procedures, and risks of this research study have been explained to me. I have had a chance to read this form and ask questions about the study. Any questions I had have been answered to my satisfaction. I consent to be in this research study. A copy of this signed form will be given to me.

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Signature of Adult/Legally Authorized Representative Date Relationship to Participant

(Legally Authorized Representative may only sign upon prior IRB approval)

##### STUDY PERSONNEL

(Personnel performing the permission/assent process MUST be listed as study personnel. Double check your IRB application that you’ve included all personnel who may be obtaining permission/assent in this study.)

I have explained the purposes, procedures, and risks involved in this study in detail to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name(s) of Subject/ Legally Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date

Print Name of Person Obtaining Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_