

Research Assent Form (Leiomyosarcoma Project)

Message for the Parent/Guardian:

This assent form is for your child to read and type their name to sign, if they agree to participate in the study. Signing an assent is for children over the age of 7. As a next step, please show this page to your child to read. If they have any questions before signing, contact the study staff at 651-403-5556 or info@lmsproject.org

Message for the Participant:

Your parent or guardian has informed the research team that it is okay for you to be in this study. It is important that you understand what we will ask you to do. If you have any questions, you can ask the researcher by having your parent email or call the project. You can also quit this study whenever you want to and that will be OK. It will not be a problem for anyone if you decide to quit at any time.

The form below will tell you more about the research study and how to be part of the Leiomyosarcoma Project. When you are done, type your first and last name in the box at the bottom of the page and click "Next" to move on to the next section that your parent will complete. If you have questions about the study or the consent form at any time, please have your parent contact us at 651-403-5556 or info@lmsproject.org.

RESEARCH ASSENT FORM (Leiomyosarcoma Project)

We want to tell you about a research study we are doing. A research study is a way to learn more about something. We would like to find out more about Leiomyosarcoma by having patients share their medical records, saliva and/or cancer or blood samples with researchers. You are being asked to join the study because you had or have Leiomyosarcoma.

If you agree to join this study, your parent will be asked to share information about where you were treated and you will be asked to provide a saliva sample with a kit sent by the project team. You can also choose to share blood sample(s), if you want. The project team will request medical records and get tumor samples and process the blood and saliva kits. All of this information will help researchers better understand cancers by giving them more information to use in their studies.

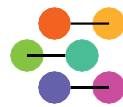
If you choose to share blood samples(s), there are small risks from getting a sample of blood. You may have pain and swelling at the site of the blood draw.



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Your parent may also be asked if you both want to be interviewed about what it's like to be part of this research study. You'll be able to tell your parent if you do or do not want to give an interview.

Joining this research study may not improve your health, but we may learn something that will help others with Leiomyosarcoma one day.

You do not have to join this study. It is up to you. You can say okay now and change your mind later. All you have to do is tell your parent that you want to stop. No one will be mad at you if you don't want to be in the study or if you join the study and change your mind later and stop.

If you have any questions about this study, please have your parent contact the project team at 651-403-5556 or info@lmsproject.org

If you sign your name below, it means that you agree to take part in this research study.

Child/Adolescent Assent
