

Assent Form Addendum: Learning About Your Tumor

The form below will tell you more about another part of the research study that you and your parent(s)/guardian(s) agreed to have you be part of. When you are done, click “Next” to move on to the next section that your parent/guardian will complete. If you have questions about the study or the consent form at any time, please have your parent/guardian contact us at 651-403-5556 or info@lmsproject.org.

RESEARCH ASSENT FORM (Learning About Your Tumor)

We want to tell you more about the research study that you and your parent(s)/guardian(s) have agreed to have you be part of.

We are asking if you want us to share with your parent(s)/guardian(s) what we’re able to learn from your cancer sample(s). The information we may be able to share would include a letter and a report about the genetic changes found in your tumor. What the research study can learn does not replace information your doctor needs to make decisions about your treatment. We want to share what we’ve learned from your sample(s) to show how your participation is helping research.

If you reach the age where you can legally consent for yourself while part of this study, the information we’ve learned from your cancer sample(s) will be available to you on your study dashboard if you’d like to view it.

The information that we share about your cancer sample(s) may be unclear and there may not be anything for your parent(s)/guardian(s) or your doctors to do with this information. We are doing this research to try to better understand what we can learn from tumor samples.

You and your parent(s)/guardian(s) do not have to get information that we learn about your cancer samples if you don’t want to. It’s also okay to say that you want this information, but then change your mind later and decide you don’t want to. Please let us know if you change your mind.

This is what I agree to:

- You can share with my parent(s)/guardian(s) what the research study has learned from my cancer sample(s).

Yes No

I understand the information about this part of the study. My signature below means that I want to continue to be in this research study. I can decide not to continue to take part in this research study if I do not want to and nothing will happen to me if I decide that I do not want to continue to participate.

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

Child/Adolescent Assent

Signature

Date