

Assent
(For ages 17 and under)

Approval Date: Feb. 11, 2015

Study Title:

Outcome of Total Joint Arthroplasty

1. What will happen to me in this study?

The purpose of this study is to collect basic information about you like your name, medical history, information about your surgery, and your x-rays. We will also ask you to fill out questionnaires. We would like to collect this information to answer research questions about the results of your total joint replacement. You will be asked to complete questionnaires before your surgery and again 3 months, 1 year, 2 years, and then every other year after your surgery.

2. Can anything bad happen to me?

There are **no risks** associated with this study.

3. Can anything good happen to me?

There may be no benefits to you for participating, but your participation will help your surgeon to learn more about the outcomes of total joint replacement.

4. Do I have other choices?

You can choose to not answer the questionnaires and to not allow your medical information from this surgery to be stored in our database.

5. Will anyone know I am in the study?

None of your individual responses or identifiers are ever used in publications. Your responses remain anonymous (we won't know that it came from you).

6. What happens if I get hurt?

You will only be answering questionnaires.

7. Who can I talk to about the study?

If you have any questions about the study or any problems to do with the study you can contact the Protocol Director, Stuart Goodman, MD. You can call him/her at (650) 721-7629. You can also call the study coordinator, Angela Bye at (60) 721-7632.

If you have questions about the study but want to talk to someone else who is not a part of the study, you can call the Stanford Institutional Review Board (IRB) at (650)-723-5244 or toll free at 1-866-680-2906.

8. What if I do not want to do this?

If you decide not to participate, you can withdraw at any time and your doctor will continue to treat you if necessary.

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SIGNATURE

If you agree to be in this study, please sign here:

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Signature of Child	Date
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Printed name of Child	