|  |  |  |  |
| --- | --- | --- | --- |
| Segment ID | Segment status | Source segment | Target segment |
| 17aa58bb4-3073-4424-b66a-ee7322a3d7f6 | Not Translated (0%) | <2>INFORMED CONSENT STATEMENT</2> | <2>INFORMED CONSENT STATEMENT</2> |
| 2dd844800-226c-4707-9c30-2aa555156032 | Not Translated (0%) | <5>PROTOCOL FOR COLLECTING DATA ON PATIENTS WITH</5> | <5>PROTOCOL FOR COLLECTING DATA ON PATIENTS WITH</5> |
| 3d29b22d1-4f4a-420a-a731-70a6b54987d2 | Not Translated (0%) | <8>CHILDHOOD CANCER</8> | <8>CHILDHOOD CANCER</8> |
| 453a2bf12-90bf-4e6c-905b-67d2b5f0f008 | Not Translated (0%) | <9/><10/>NOTE:<11/><12/> | <9/><10/>NOTE:<11/><12/> |
| 57a599126-3979-4a25-820e-fdacc9ea294d | Not Translated (0%) | <15>When we say “you” throughout this document, we mean “you or your child.”</15> | <15>When we say “you” throughout this document, we mean “you or your child.”</15> |
| 62c2ddb1c-a048-4093-842c-522bfbbc24ea | Not Translated (0%) | You are invited to take part in a research study of the effects of treatment for childhood cancer. | You are invited to take part in a research study of the effects of treatment for childhood cancer. |
| 7e6ccad97-4fed-4f44-980c-34f635518956 | Not Translated (0%) | You were selected to take part in this study because you were treated, are being treated or followed after treatment for childhood cancer at St. Jude Children's Research Hospital. | You were selected to take part in this study because you were treated, are being treated or followed after treatment for childhood cancer at St. Jude Children's Research Hospital. |
| 813a3d74a-33a3-4bf8-bd8a-5378da6e8d23 | Not Translated (0%) | This consent gives you information about the study, which will be discussed with you. | This consent gives you information about the study, which will be discussed with you. |
| 9f88a426d-dd8d-4390-b9f7-361d27c759d7 | Not Translated (0%) | Once you understand the study, and if you agree to take part, you will be asked to sign this consent form. | Once you understand the study, and if you agree to take part, you will be asked to sign this consent form. |
| 102a56b20a-c439-411d-91a6-2f6920853245 | Not Translated (0%) | You will be given a copy to keep. | You will be given a copy to keep. |
| 116696a591-2f4c-4d9d-b55b-d0b3e781a8b4 | Not Translated (0%) | Before you learn about the study, it is important that you know the following: | Before you learn about the study, it is important that you know the following: |
| 12f6ee4721-9611-4e12-8548-167ec917f3b6 | Not Translated (0%) | Whether or not you take part in this study is entirely up to you. | Whether or not you take part in this study is entirely up to you. |
| 1312ed7b72-47ed-4da7-99a1-2bc37c31d0a0 | Not Translated (0%) | If you decide not to be in the study, or withdraw from the study at any time, you will not lose the benefits of routine medical care. | If you decide not to be in the study, or withdraw from the study at any time, you will not lose the benefits of routine medical care. |
| 14717824fd-ea77-4008-88d4-2d771e5dde0e | Not Translated (0%) | This study is being sponsored by St. Jude Children's Research Hospital. | This study is being sponsored by St. Jude Children's Research Hospital. |
| 158a8927a0-6cbf-4890-85e8-282340c2fd10 | Not Translated (0%) | The principal investigator (researcher) of this study is Dr. Melissa Hudson, who can be reached at 901/595-3300. | The principal investigator (researcher) of this study is Dr. Melissa Hudson, who can be reached at 901/595-3300. |
| 162c4fd0e6-cca7-466f-b6b8-cec2a42a1475 | Not Translated (0%) | <23><21><18/><19/></21>Why is this study being done?</23> | <23><21><18/><19/></21>Why is this study being done?</23> |
| 172ec1c278-cb16-4b89-879b-782d4ee18f07 | Not Translated (0%) | The purpose of this study is to collect information about the effects of childhood cancer and its treatment on the patients who are treated or followed after treatment for childhood cancer at St. Jude. | The purpose of this study is to collect information about the effects of childhood cancer and its treatment on the patients who are treated or followed after treatment for childhood cancer at St. Jude. |
| 18faabfc50-4fcb-43c0-a663-fabe0d37a6d2 | Not Translated (0%) | <26>How many patients will take part in this study?</26> | <26>How many patients will take part in this study?</26> |
| 199a7b220e-d891-4765-99cd-8ea24f48e368 | Not Translated (0%) | <27/>All St. Jude patients will be invited to take part in the study. | <27/>All St. Jude patients will be invited to take part in the study. |
| 20f6f7804f-f15e-485b-8a63-c8871b72e098 | Not Translated (0%) | Currently, this includes about 7274 patients. | Currently, this includes about 7274 patients. |
| 210cc26961-3b67-4495-9229-b5da49d72e49 | Not Translated (0%) | That number will continue to grow as more childhood cancer patients are referred to St. Jude for treatment and followed by St. Jude. | That number will continue to grow as more childhood cancer patients are referred to St. Jude for treatment and followed by St. Jude. |
| 22ccb848ed-3a04-4ed7-8f45-32a7020888b1 | Not Translated (0%) | <30>What is involved in the study?</30> | <30>What is involved in the study?</30> |
| 233a3ce816-b6eb-445f-9b8b-c834a400847b | Not Translated (0%) | We are asking permission to collect medical information about your treatment and disease. | We are asking permission to collect medical information about your treatment and disease. |
| 24a655ef87-b55d-4978-b325-31825717a64c | Not Translated (0%) | This information will be updated every year as part of the treatment follow-up. | This information will be updated every year as part of the treatment follow-up. |
| 254162999e-18f8-4c54-a596-ffe447b76d4c | Not Translated (0%) | We will be collecting medical information on four groups of St. Jude patients. | We will be collecting medical information on four groups of St. Jude patients. |
| 265c759505-26c3-4927-a38c-4a6a4f1bfff5 | Not Translated (0%) | You will fall into one of these groups. | You will fall into one of these groups. |
| 2743a3b41e-686f-41bb-b0e5-d944f1d1d2f6 | Not Translated (0%) | <31/><32/><33/>Group 1 are patients followed by an Active treatment clinic as described below:<34/><35/> | <31/><32/><33/>Group 1 are patients followed by an Active treatment clinic as described below:<34/><35/> |
| 288f7e2150-80a8-4254-b3ba-b7cfa176013e | Not Translated (0%) | <36/>These patients are receiving treatment for cancer or are being followed after completing treatment for cancer in the Leukemia/Lymphoma, Solid Tumor, Brain Tumor or Bone Marrow Transplant Clinics. | <36/>These patients are receiving treatment for cancer or are being followed after completing treatment for cancer in the Leukemia/Lymphoma, Solid Tumor, Brain Tumor or Bone Marrow Transplant Clinics. |
| 2924b6add6-94b7-4874-bf77-4d1f55edc9ce | Not Translated (0%) | Medical information is collected by the doctor and clinic staff responsible for treating or following patients in these clinics. | Medical information is collected by the doctor and clinic staff responsible for treating or following patients in these clinics. |
| 308a35c286-d6ee-4be4-9f12-5afbb452ea82 | Not Translated (0%) | <37/><38/>Group 2 are patients followed by the After Completion of Therapy (ACT) clinic as described below:<39/><40/> | <37/><38/>Group 2 are patients followed by the After Completion of Therapy (ACT) clinic as described below:<39/><40/> |
| 31524c0dbb-dc05-4c18-aa39-48b23ffef244 | Not Translated (0%) | These patients are 5 or more years from cancer diagnosis. | These patients are 5 or more years from cancer diagnosis. |
| 32636b7c85-1ec1-4f06-b641-d51070df594c | Not Translated (0%) | They will be invited to return to the St. Jude After Completion of Therapy Clinic (ACT clinic) once a year for a general check-up. | They will be invited to return to the St. Jude After Completion of Therapy Clinic (ACT clinic) once a year for a general check-up. |
| 33ae5f2f6d-0c54-45aa-9b4c-8e233bda263f | Not Translated (0%) | During this visit, the St. Jude doctors get a detailed medical history, perform a thorough physical exam, and do blood tests and x-rays to screen for late effects related to cancer treatment. | During this visit, the St. Jude doctors get a detailed medical history, perform a thorough physical exam, and do blood tests and x-rays to screen for late effects related to cancer treatment. |
| 348fb0d827-148f-4fe6-8541-20eded6b35d8 | Not Translated (0%) | Patients in the ACT clinic are also asked to complete a survey about over-all health and give information about changes in their health that took place over the year. | Patients in the ACT clinic are also asked to complete a survey about over-all health and give information about changes in their health that took place over the year. |
| 355fea6cc9-92aa-4510-8665-0e5800fda130 | Not Translated (0%) | This questionnaire also asks about health behaviors (such as smoking, drinking, and physical activity) thought to have an effect on a person’s over-all health, school and/or work progress, problems getting insurance, and quality of life. | This questionnaire also asks about health behaviors (such as smoking, drinking, and physical activity) thought to have an effect on a person’s over-all health, school and/or work progress, problems getting insurance, and quality of life. |
| 367465e540-982a-4da4-897b-b51fa1101860 | Not Translated (0%) | Patients are discharged from pediatric follow-up in the ACT Clinic when they are at least 18 years of age and 10 years from diagnosis. | Patients are discharged from pediatric follow-up in the ACT Clinic when they are at least 18 years of age and 10 years from diagnosis. |
| 3735824598-a9ff-4323-b50b-ef3d93d3c8e5 | Not Translated (0%) | <41/><42/>Group 3 are patients followed by the Cancer Registry as described below:<43/><44/> | <41/><42/>Group 3 are patients followed by the Cancer Registry as described below:<43/><44/> |
| 3838318f92-70c6-4585-90aa-cc1693a5fa8c | Not Translated (0%) | These patients have completed cancer therapy and are no longer coming back to St. Jude for check-ups. | These patients have completed cancer therapy and are no longer coming back to St. Jude for check-ups. |
| 39351204d2-7f77-47b9-b023-230a3b030356 | Not Translated (0%) | Patients in Group 3 are followed by the St. Jude Cancer Registry. | Patients in Group 3 are followed by the St. Jude Cancer Registry. |
| 40dcb291cf-4900-4599-b7fc-6c67f872a411 | Not Translated (0%) | The Registry mails a short set of questions every year that ask about changes in health, late effects from the cancer and its treatment, and health behaviors. | The Registry mails a short set of questions every year that ask about changes in health, late effects from the cancer and its treatment, and health behaviors. |
| 41d98f6954-ef88-442f-a38b-5490c45bc8dd | Not Translated (0%) | The St. Jude Cancer Registry follows these patients every year for life. | The St. Jude Cancer Registry follows these patients every year for life. |
| 4232e5f895-5381-416b-b1cf-bf54d0fa1e9e | Not Translated (0%) | <45/><46/>Group 4 are patients enrolled in the St Jude Life study as described below:<47/><48/> | <45/><46/>Group 4 are patients enrolled in the St Jude Life study as described below:<47/><48/> |
| 430a3dd808-dc43-4f85-868a-11bc535361cc | Not Translated (0%) | These patients are adult childhood cancer survivors who were treated at St. Jude Children's Research Hospital. | These patients are adult childhood cancer survivors who were treated at St. Jude Children's Research Hospital. |
| 440e139d5b-e932-4cbd-b080-97382837c3cb | Not Translated (0%) | The patients in Group 4 were either formally in Group 3 or enrolled in the St. Jude Life protocol at the time of discharge from the After Completion of Therapy Clinic. | The patients in Group 4 were either formally in Group 3 or enrolled in the St. Jude Life protocol at the time of discharge from the After Completion of Therapy Clinic. |
| 45848a70a3-98cf-480b-ac56-723bb57b84d6 | Not Translated (0%) | They are returning to St Jude for a one-time comprehensive health evaluation in the After Completion of Therapy Clinic. | They are returning to St Jude for a one-time comprehensive health evaluation in the After Completion of Therapy Clinic. |
| 4617663cd1-a71c-41f4-a8ae-528a83a56cf4 | Not Translated (0%) | The purpose is to study health outcomes in aging adults surviving pediatric cancer. | The purpose is to study health outcomes in aging adults surviving pediatric cancer. |
| 475eab74e6-96bd-45f6-b6e1-cadc51278848 | Not Translated (0%) | All information collected about the outcome and effects of cancer treatment may be used for research purposes in talks and articles about childhood cancer survivors. | All information collected about the outcome and effects of cancer treatment may be used for research purposes in talks and articles about childhood cancer survivors. |
| 4874b958c2-e993-437e-8b69-3a033622c403 | Not Translated (0%) | This information will not include specific details that will make it possible to identify you personally. | This information will not include specific details that will make it possible to identify you personally. |
| 49963d99d0-aa60-4af9-a265-340452ccdd1c | Not Translated (0%) | <51>What are the risks of the study?</51> | <51>What are the risks of the study?</51> |
| 50fac4a6e8-300e-44c7-8bc8-d9d3d906efab | Not Translated (0%) | One possible risk is the release of information from your health records. | One possible risk is the release of information from your health records. |
| 51ce3477e8-4660-4c6e-98fd-101deb8463e5 | Not Translated (0%) | St. Jude will protect your records so that your information will be kept private. | St. Jude will protect your records so that your information will be kept private. |
| 52d66c711a-3293-4c63-a929-14bfbdf413bb | Not Translated (0%) | The chance that this information will be given to someone else is very small. | The chance that this information will be given to someone else is very small. |
| 53cb426cc6-3849-42a5-a27d-03e316d18e1a | Not Translated (0%) | The yearly evaluations will be done to monitor for late effects caused by treatment for childhood cancer. | The yearly evaluations will be done to monitor for late effects caused by treatment for childhood cancer. |
| 54b640469d-46a8-4ac3-99d8-293dd4419944 | Not Translated (0%) | If any of the medical questions or evaluations make you uncomfortable, you may choose not to answer the question(s) or have the test(s) done. | If any of the medical questions or evaluations make you uncomfortable, you may choose not to answer the question(s) or have the test(s) done. |
| 5513937356-e9e6-4fc1-811f-0fc780c7d2f8 | Not Translated (0%) | <54>What are the benefits of the study?</54> | <54>What are the benefits of the study?</54> |
| 56cafbac31-2b48-4e09-8a79-5d6496ec6929 | Not Translated (0%) | Taking part in this study may help doctors identify what types of problems patients can develop after childhood cancer treatment, and learn better how to take care of these problems, or prevent them from happening. | Taking part in this study may help doctors identify what types of problems patients can develop after childhood cancer treatment, and learn better how to take care of these problems, or prevent them from happening. |
| 570db6fc92-07ea-47c5-8161-549856f3929f | Not Translated (0%) | You will not be paid to take part in this study. | You will not be paid to take part in this study. |
| 589d7fce08-fe3c-4678-97ae-c5d6301ec28e | Not Translated (0%) | <57>What are the options to taking part in the study?</57> | <57>What are the options to taking part in the study?</57> |
| 59c58b544e-63c5-41d8-a2e5-fcec65712b4f | Not Translated (0%) | You may choose not to take part in the study. | You may choose not to take part in the study. |
| 605a9a75c9-0f76-4e3e-babf-f45971a78a8b | Not Translated (0%) | <60>What about confidentiality?</60> | <60>What about confidentiality?</60> |
| 61b444ed18-0623-489f-9a94-5a141b2b5219 | Not Translated (0%) | Your medical records will be kept confidential to the degree allowed by law. | Your medical records will be kept confidential to the degree allowed by law. |
| 62aae52975-269b-4a34-8cf6-0e9c36a61d93 | Not Translated (0%) | Information from your medical records will not be given to anyone outside the hospital unless you agree. | Information from your medical records will not be given to anyone outside the hospital unless you agree. |
| 63d2813ad5-728e-4b4e-90ca-0dbf15eb0f57 | Not Translated (0%) | You will not be identified in any publication about this study. | You will not be identified in any publication about this study. |
| 64ced0a3fa-a85e-467b-ab63-ef080d62fa3b | Not Translated (0%) | Government agencies oversee research studies involving people. | Government agencies oversee research studies involving people. |
| 65299c642c-a103-4c1c-896a-8ebabcf60a37 | Not Translated (0%) | Your medical records may be reviewed by such agencies if you take part in this research study. | Your medical records may be reviewed by such agencies if you take part in this research study. |
| 6695384c74-630e-4132-838b-1dc9f6288c33 | Not Translated (0%) | These agencies include the Food and Drug Administration (FDA) and the National Cancer Institute (NCI). | These agencies include the Food and Drug Administration (FDA) and the National Cancer Institute (NCI). |
| 67a1b7ee60-d4ef-459d-9477-d800b56743fa | Not Translated (0%) | By signing this consent form, you are allowing your medical records to be reviewed by these persons. | By signing this consent form, you are allowing your medical records to be reviewed by these persons. |
| 6884f46ffe-f555-48b7-865a-e3cf7fa0a703 | Not Translated (0%) | It may be necessary to check parts of your medical record to be sure that the study data are correct and complete. | It may be necessary to check parts of your medical record to be sure that the study data are correct and complete. |
| 69bf92fd42-5f73-42a3-909b-c6035cbfcc50 | Not Translated (0%) | Such a check might be done by the following groups: | Such a check might be done by the following groups: |
| 703ee5a2de-9bdb-42a2-b247-1e71fec47bea | Not Translated (0%) | A federal agency such as the Food and Drug Administration (FDA) or the National Cancer Institute (NCI). | A federal agency such as the Food and Drug Administration (FDA) or the National Cancer Institute (NCI). |
| 718e811a8c-af87-4759-966f-47a2e78baa8e | Not Translated (0%) | <61/>2.<62/>The St. Jude Institutional Review Board (IRB), a committee which reviews the ethics of studies | <61/>2.<62/>The St. Jude Institutional Review Board (IRB), a committee which reviews the ethics of studies |
| 727a7da69c-b035-4f79-8723-b251398e7184 | Not Translated (0%) | No information other than what is needed for the study is recorded. | No information other than what is needed for the study is recorded. |
| 736a7b7d7e-8b2a-49a5-9804-61a158cd8f3b | Not Translated (0%) | Every effort is made to protect your privacy. | Every effort is made to protect your privacy. |
| 74d86249ac-6e54-43ce-81e1-9326be7ba091 | Not Translated (0%) | <65>SUMMARY OF RESEARCH AND</65> | <65>SUMMARY OF RESEARCH AND</65> |
| 75d9ab24c9-ce3c-42e6-8758-e8ae28c0421e | Not Translated (0%) | <68>PRIVACY RIGHTS</68> | <68>PRIVACY RIGHTS</68> |
| 76049f8f5f-715f-4534-a230-1653cbcb544d | Not Translated (0%) | IRB Approved Version: | IRB Approved Version: |
| 7791c1574c-5c66-4220-b9c9-35e5bea23b5b | Not Translated (0%) | April 23, 2013<69/> | April 23, 2013<69/> |
| 786f7d0e83-a89f-40ac-b3b2-f92b10f6ca97 | Not Translated (0%) | <72>The following statement describes your rights as a research participant in this study:</72> | <72>The following statement describes your rights as a research participant in this study:</72> |
| 79bc47ae55-a7a8-4e88-9833-a9040a3ab270 | Not Translated (0%) | You may refuse to be in this research study or stop at any time. | You may refuse to be in this research study or stop at any time. |
| 8077be6dc7-a5fa-4a93-87f4-e6ae5fa67b12 | Not Translated (0%) | This decision will not affect your care or your relationship with your doctor or St. Jude. | This decision will not affect your care or your relationship with your doctor or St. Jude. |
| 8171f7be2c-9603-4990-bd22-3ec6ad36b804 | Not Translated (0%) | If available, you may receive routine medical care at St. Jude Children's Research Hospital. | If available, you may receive routine medical care at St. Jude Children's Research Hospital. |
| 82c82d2954-e777-4ca0-b088-b95dbc944f14 | Not Translated (0%) | You will not be charged for being in this research study. | You will not be charged for being in this research study. |
| 83aaf97b18-d5c6-4387-b39b-7584d1531e81 | Not Translated (0%) | If you have insurance, TennCare or Medicaid, they will be billed for many of the services we provide. | If you have insurance, TennCare or Medicaid, they will be billed for many of the services we provide. |
| 84c9980f62-8495-4c1b-b099-6c303b147603 | Not Translated (0%) | However, we do not bill patients or their families for the cost of medical care not covered by their health plan, this includes research costs. | However, we do not bill patients or their families for the cost of medical care not covered by their health plan, this includes research costs. |
| 852b02b25e-251f-4ac9-9f56-5a890fabb010 | Not Translated (0%) | <73/>Your samples and information may be used to develop a new product or medical test, which may be sold. | <73/>Your samples and information may be used to develop a new product or medical test, which may be sold. |
| 861de11619-ec86-47f5-9c8d-50c18a796316 | Not Translated (0%) | <74/>If this happens, you will not receive any payments for these new products. | <74/>If this happens, you will not receive any payments for these new products. |
| 871a801b91-769e-4821-83da-87b7b3fcbdca | Not Translated (0%) | A description of this clinical trial will be available on <81><76/><77/>http://www.ClinicalTrials.gov<78/><79/></81>, as required by U.S. Law. | A description of this clinical trial will be available on <81><76/><77/>http://www.ClinicalTrials.gov<78/><79/></81>, as required by U.S. Law. |
| 88315d8dc2-7fda-49d2-a876-66035e5c0032 | Not Translated (0%) | This Website will not include information that can identify you. | This Website will not include information that can identify you. |
| 89fac7a523-888a-4c51-af53-2d8624b732fe | Not Translated (0%) | At most the Website will include a summary of the results. | At most the Website will include a summary of the results. |
| 907c933e84-4409-4815-a6a8-c5e5844d5be0 | Not Translated (0%) | You can search this Website at any time. | You can search this Website at any time. |
| 912af6be0b-361a-4d76-a69d-8bcefea1fe1e | Not Translated (0%) | A decision to take part in this research means that you agree to let the research team use and share your health information also called protected health information (PHI) for the study explained above. | A decision to take part in this research means that you agree to let the research team use and share your health information also called protected health information (PHI) for the study explained above. |
| 9297487a80-17da-4830-9017-5fec970dcfde | Not Translated (0%) | This information will be kept indefinitely. | This information will be kept indefinitely. |
| 93a422f4d6-43e9-4580-ac8e-afbfac2157cf | Not Translated (0%) | You have the right to see, copy, and ask for changes to your protected health information that will be used or given out. | You have the right to see, copy, and ask for changes to your protected health information that will be used or given out. |
| 94cfd02e85-9bf4-449b-9b69-0717b4793c87 | Not Translated (0%) | However, research information may not be seen until the end of the study. | However, research information may not be seen until the end of the study. |
| 954b65385d-eaf4-4b66-bde7-97efcf7f6c97 | Not Translated (0%) | When you first registered at St. Jude, you received a copy of the St. Jude Notice of Privacy Practices. | When you first registered at St. Jude, you received a copy of the St. Jude Notice of Privacy Practices. |
| 96614c3120-3218-46e0-92da-2cd3b7229897 | Not Translated (0%) | It tells how your PHI may be used or given to someone outside the hospital. | It tells how your PHI may be used or given to someone outside the hospital. |
| 97f6996a10-5ddd-4a77-b6da-3cc47b58e863 | Not Translated (0%) | You have the right to read the Notice of Privacy Practices before you sign this form. | You have the right to read the Notice of Privacy Practices before you sign this form. |
| 98d0fa11a2-fd9b-42ff-9aa3-1a26852d9058 | Not Translated (0%) | You can find it at the bottom of every page on the St. Jude Internet website: <91><89><84/><85/>www.stjude.org<86/><87/></89></91>. | You can find it at the bottom of every page on the St. Jude Internet website: <91><89><84/><85/>www.stjude.org<86/><87/></89></91>. |
| 996f867afa-8fce-4ee1-bbae-3e0636781dc7 | Not Translated (0%) | http://www.stjude.org | http://www.stjude.org |
| 100333892be-22b8-4401-99b6-1cc778c4a446 | Not Translated (0%) | Federal agencies such as the Food and Drug Administration (FDA), the Office of Human Research Protections (OHRP) or the National Institutes of Health (NIH), St. Jude Children’s Research Hospital Institutional Review Board (IRB), your insurance company (if charges are billed to insurance), as well as other regulatory agencies, committees, or persons involved in overseeing research studies may review your research and medical record. | Federal agencies such as the Food and Drug Administration (FDA), the Office of Human Research Protections (OHRP) or the National Institutes of Health (NIH), St. Jude Children’s Research Hospital Institutional Review Board (IRB), your insurance company (if charges are billed to insurance), as well as other regulatory agencies, committees, or persons involved in overseeing research studies may review your research and medical record. |
| 101065ebb0c-8bd3-4131-8613-5fc12dd3709b | Not Translated (0%) | Information about you that may be given out includes your complete medical records, including details about diagnosis, illness, treatment, and information that may be recorded about past diagnosis or treatment and information taken as a part of this research study as explained in this informed consent. | Information about you that may be given out includes your complete medical records, including details about diagnosis, illness, treatment, and information that may be recorded about past diagnosis or treatment and information taken as a part of this research study as explained in this informed consent. |
| 10228b9dbb6-b451-4328-abdd-1b5af3696a6d | Not Translated (0%) | After your records are given to or used by others, St. Jude Children's Research Hospital cannot promise that information will not be given out again. | After your records are given to or used by others, St. Jude Children's Research Hospital cannot promise that information will not be given out again. |
| 103bdddbe03-8f6b-4930-8fd2-8acb2d203198 | Not Translated (0%) | Also, the information given out may no longer be protected by federal privacy laws. | Also, the information given out may no longer be protected by federal privacy laws. |
| 104ad2ddf56-fb8f-4303-86df-1c13b06a35b3 | Not Translated (0%) | St. Jude uses reasonable safeguards and means to protect your private information. | St. Jude uses reasonable safeguards and means to protect your private information. |
| 105bb54284d-ac94-4711-9c19-df55d3699dec | Not Translated (0%) | However, | However, |
| 106c633f0a3-f037-432b-9285-a21d25afeab7 | Not Translated (0%) | St. Jude cannot guarantee the security and confidentiality of e-mail, text messages, fax communications or mail. | St. Jude cannot guarantee the security and confidentiality of e-mail, text messages, fax communications or mail. |
| 107268ef255-0249-485a-ba51-ae63358179f2 | Not Translated (0%) | Your permission to use and give out your child’s protected health information will end when your child turns 18 years of age. | Your permission to use and give out your child’s protected health information will end when your child turns 18 years of age. |
| 108c58a0968-bfb4-4ed2-9e03-07a696a2d88a | Not Translated (0%) | At that time, we may contact your child for his or her permission to continue using it. | At that time, we may contact your child for his or her permission to continue using it. |
| 10979614104-2442-4a73-8ee3-ddb731e7581e | Not Translated (0%) | You may take back permission for your records to be used or given out at any time, for any reason, except when that information has already been given out or used for the study based on your permission. | You may take back permission for your records to be used or given out at any time, for any reason, except when that information has already been given out or used for the study based on your permission. |
| 110bcadb2f0-fc2b-4a96-86d7-36198daa1977 | Not Translated (0%) | To take back your permission, please fill out a form called a Revocation of Release of Authorization. | To take back your permission, please fill out a form called a Revocation of Release of Authorization. |
| 1112b9cc655-15ba-41ac-a5d2-431892b7b0e7 | Not Translated (0%) | You may ask for this form by calling the St. Jude Privacy Officer at 901-595-6141. | You may ask for this form by calling the St. Jude Privacy Officer at 901-595-6141. |
| 1127f11c940-4de8-4e74-a216-fe7ac11e2fbb | Not Translated (0%) | You must mail the form or hand it to: | You must mail the form or hand it to: |
| 113c2f8f4a4-5297-4bbf-9100-1ce91e1d1025 | Not Translated (0%) | <92/>HIPAA Privacy Officer | <92/>HIPAA Privacy Officer |
| 114205a1d52-74e0-44ac-a833-0bcddcb6d8bd | Not Translated (0%) | St. Jude Children's Research Hospital | St. Jude Children's Research Hospital |
| 115f3838927-b011-47d4-818a-5c4321a32dbd | Not Translated (0%) | 262 Danny Thomas Place | 262 Danny Thomas Place |
| 116a122b191-d670-4745-bcbe-2814765f4ef8 | Not Translated (0%) | Memphis, TN 38105 | Memphis, TN 38105 |
| 1178a16199a-8234-4460-8b6d-e44c272f535c | Not Translated (0%) | You can get more details about your rights as a research participant by calling the St. Jude Institutional Review Board at 901-595-4357 or the Research Participant Advocate at 901-595-4644. | You can get more details about your rights as a research participant by calling the St. Jude Institutional Review Board at 901-595-4357 or the Research Participant Advocate at 901-595-4644. |
| 1188bd47be0-4250-46a4-ae84-a83000a2f353 | Not Translated (0%) | If you are outside of the Memphis area, please call toll-free 1-866-583-3472 (1-866-JUDE IRB). | If you are outside of the Memphis area, please call toll-free 1-866-583-3472 (1-866-JUDE IRB). |
| 1199f6a4e96-e2c1-4456-b175-f7ac8be462e3 | Not Translated (0%) | The St. Jude Research Participant Advocate is an individual who is not part of the research study team and is available to you to discuss problems, concerns, and questions. | The St. Jude Research Participant Advocate is an individual who is not part of the research study team and is available to you to discuss problems, concerns, and questions. |
| 12058198473-d1a3-4d37-9b92-426b2cc367da | Not Translated (0%) | The Advocate can help you obtain information and can relay any input you may have concerning the research to the research study team. | The Advocate can help you obtain information and can relay any input you may have concerning the research to the research study team. |
| 121d4550c27-13cf-4991-b550-ffb037b95ec6 | Not Translated (0%) | You can reach the Advocate by calling 901-595-4644, or if you are outside of the Memphis area, call toll free at 1-866-583-3472 (1-866-JUDE-IRB). | You can reach the Advocate by calling 901-595-4644, or if you are outside of the Memphis area, call toll free at 1-866-583-3472 (1-866-JUDE-IRB). |
| 122e5ddab71-05e6-4ac9-a380-f76c92a35847 | Not Translated (0%) | You will be given a copy of this <95>signed</95> consent form. | You will be given a copy of this <95>signed</95> consent form. |
| 1230b45b6ec-732b-470f-87be-81e275934887 | Not Translated (0%) | <98>RESEARCH PARTICIPANT STATEMENT (14–17 years old and Adult Participants 18 years and older):</98> | <98>RESEARCH PARTICIPANT STATEMENT (14–17 years old and Adult Participants 18 years and older):</98> |
| 124c1c3a8d8-8c33-465a-9788-8ff5f79eccb4 | Not Translated (0%) | I have read this document or it was read to me. | I have read this document or it was read to me. |
| 125c80d51ab-7888-42e5-a232-64b8a56456f0 | Not Translated (0%) | I have been encouraged to ask questions and all my questions were answered. | I have been encouraged to ask questions and all my questions were answered. |
| 126b5b0dabd-1138-4b99-8f01-869b03882d76 | Not Translated (0%) | I agree to take part in this research study. | I agree to take part in this research study. |
| 127f71e7696-6302-45aa-ae8c-44a4970fba97 | Not Translated (0%) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_<101>AM/PM</101><102/> | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_<101>AM/PM</101><102/> |
| 128cb1209ed-2f2f-42bb-a1fc-c0f77750baca | Not Translated (0%) | Research Participant Signature<103/><104/>Date<105/><106/><107/>Time (circle one) | Research Participant Signature<103/><104/>Date<105/><106/><107/>Time (circle one) |
| 1293e264a3a-df97-4824-9d19-eb5940ce2228 | Not Translated (0%) | <110>PARENT/GUARDIAN STATEMENT (Required for participants younger than 18 years):</110> | <110>PARENT/GUARDIAN STATEMENT (Required for participants younger than 18 years):</110> |
| 130d524d7d6-e06f-49e2-a8dc-369754be6739 | Not Translated (0%) | I have read this document or it was read to me. | I have read this document or it was read to me. |
| 131329541d2-d149-4734-beeb-1e102eeb9da3 | Not Translated (0%) | I have been encouraged to ask questions and all my questions have been answered. | I have been encouraged to ask questions and all my questions have been answered. |
| 13242425814-eaac-4c2b-b43b-702bffd8b527 | Not Translated (0%) | I give permission for my child to be in this research study. | I give permission for my child to be in this research study. |
| 1338ad36e65-8cf2-43c4-b852-afeeb8e372b1 | Not Translated (0%) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<111/><112/><113/>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_<116>AM/PM</116> | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<111/><112/><113/>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_<116>AM/PM</116> |
| 1344b8af0d9-9dd1-4f90-90b3-010fefc15add | Not Translated (0%) | Parent/Legal Guardian Signature<117/><118/>Date<119/><120/><121/> Time (circle one) | Parent/Legal Guardian Signature<117/><118/>Date<119/><120/><121/> Time (circle one) |
| 1358bfbba7e-eec3-40d2-9104-aa7056abfeaa | Not Translated (0%) | <124>ASSENT DISCUSSION (Required for participants 7–13 years old)</124> | <124>ASSENT DISCUSSION (Required for participants 7–13 years old)</124> |
| 136191281a8-7ee2-4a45-af8b-06886ce1be51 | Not Translated (0%) | <125/><126/><127/><128/> The research was explained to the minor participant in age-appropriate terms and the minor verbally agreed to take part in the study. | <125/><126/><127/><128/> The research was explained to the minor participant in age-appropriate terms and the minor verbally agreed to take part in the study. |
| 137ec430213-fa09-4fcb-a910-4a0fa29dcaa1 | Not Translated (0%) | <129/><130/><131/><132/> An assent discussion was not initiated with the minor for the following reason(s): | <129/><130/><131/><132/> An assent discussion was not initiated with the minor for the following reason(s): |
| 1382a4cc01a-4534-48ba-bab4-405cbadc5869 | Not Translated (0%) | <138><134/><135/><136/></138> Minor is under 7 years of age. | <138><134/><135/><136/></138> Minor is under 7 years of age. |
| 13913ecf95c-1001-493e-b90a-84ec5c416307 | Not Translated (0%) | <144><140/><141/><142/></144> Minor is incapacitated. | <144><140/><141/><142/></144> Minor is incapacitated. |
| 140c113adc1-454f-4462-a5c1-a676bdd66b36 | Not Translated (0%) | <150><146/><147/><148/></150> Minor refused to take part in the discussion. | <150><146/><147/><148/></150> Minor refused to take part in the discussion. |
| 141e2353d86-1836-4f75-850c-e03f6e3da82b | Not Translated (0%) | <156><152/><153/><154/></156> Minor declined to take part in the study. | <156><152/><153/><154/></156> Minor declined to take part in the study. |
| 142c479a5d4-7d73-44cd-afb4-a4cc4cfb3204 | Not Translated (0%) | The minor declined for the following reason(s): | The minor declined for the following reason(s): |
| 143c479a5d4-7d73-44cd-afb4-a4cc4cfb3204 | Not Translated (0%) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 144e62f72db-7f4f-4873-9450-b49a4339341a | Not Translated (0%) | <162><158/><159/><160/></162> Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | <162><158/><159/><160/></162> Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 145202331eb-2a5b-416e-af6d-89b5194db8ed | Not Translated (0%) | <165>RESEARCHER/DESIGNEE STATEMENT</165>: | <165>RESEARCHER/DESIGNEE STATEMENT</165>: |
| 146056eb045-154f-4a42-ab0f-3d5e954b9b37 | Not Translated (0%) | I hereby certify that I have discussed the research project with the research participant and his/her parent(s) or legal guardian(s). | I hereby certify that I have discussed the research project with the research participant and his/her parent(s) or legal guardian(s). |
| 147da0184da-ef52-4045-9356-0798646d5785 | Not Translated (0%) | I have explained all the information contained in the informed consent document, including any risks that may be reasonably expected to occur. | I have explained all the information contained in the informed consent document, including any risks that may be reasonably expected to occur. |
| 148bedbcbec-501f-4d64-8f57-b14fc876f113 | Not Translated (0%) | I further certify that the research participant was encouraged to ask questions and that all questions were answered. | I further certify that the research participant was encouraged to ask questions and that all questions were answered. |
| 1497ac7d50c-92d4-4ac6-bb00-6ec480aaa0c1 | Not Translated (0%) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<166/><167/><168/>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_<171>AM/PM</171> | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<166/><167/><168/>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_<171>AM/PM</171> |
| 1501a40b449-f793-4cfa-b821-53933006d2d3 | Not Translated (0%) | Researcher/Designee<172/><173/><174/><175/>Date<176/> Time (circle one) | Researcher/Designee<172/><173/><174/><175/>Date<176/> Time (circle one) |
| 151acfe7db1-112d-4b15-8421-0a5b2945d691 | Not Translated (0%) | <179>RESEARCH PARTICIPANT ADVOCATE STATEMENT (If interpreter is required)</179> | <179>RESEARCH PARTICIPANT ADVOCATE STATEMENT (If interpreter is required)</179> |
| 15253f7b07b-370d-4928-b614-e8ecf7db7e99 | Not Translated (0%) | I observed the informed consent process. | I observed the informed consent process. |
| 153f5bff7ab-dba9-41af-8576-49dda27ccad0 | Not Translated (0%) | The research study, intervention/observation, risks, benefits, and alternatives were presented to the research participant and/or legal guardian(s). | The research study, intervention/observation, risks, benefits, and alternatives were presented to the research participant and/or legal guardian(s). |
| 154e6432655-b2d0-49f9-a5ed-fed536e95a73 | Not Translated (0%) | They were encouraged to ask questions, and research team members answered all their questions. | They were encouraged to ask questions, and research team members answered all their questions. |
| 155bdac952b-8ea5-465f-8dd2-f8a943789cb5 | Not Translated (0%) | The participant/parent(s) indicated that they: | The participant/parent(s) indicated that they: |
| 156bdac952b-8ea5-465f-8dd2-f8a943789cb5 | Not Translated (0%) | 1) understood the information presented; and 2) voluntarily consented /agreed to take part in the research. | 1) understood the information presented; and 2) voluntarily consented /agreed to take part in the research. |
| 1573b2439a0-7dd2-41cc-b471-38b0dce3aae7 | Not Translated (0%) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<180/><181/>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<182/><183/>\_\_\_\_\_\_\_\_\_\_\_\_<186>AM/PM</186> | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<180/><181/>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<182/><183/>\_\_\_\_\_\_\_\_\_\_\_\_<186>AM/PM</186> |
| 158b7ec791b-5fcc-49ae-9599-8524361f295b | Not Translated (0%) | Interpreter (if needed)<187/><188/><189/>Date<190/><191/><192/><193/>Time (circle one) | Interpreter (if needed)<187/><188/><189/>Date<190/><191/><192/><193/>Time (circle one) |
| 159f5345107-7d7e-45cc-87b1-364ee33680b7 | Not Translated (0%) | PLEASE FAX CONSENT FORM TO THE PROTOCOL OFFICE #6265 | PLEASE FAX CONSENT FORM TO THE PROTOCOL OFFICE #6265 |
| 160f83cc2d1-7e20-4a52-a197-06f88e630350 | Not Translated (0%) | Revision 5.3, dated: | Revision 5.3, dated: |
| 16188f20937-9c47-40db-b88a-db314e90c301 | Not Translated (0%) | 03/24/2015<194/> | 03/24/2015<194/> |
| 162e32265bd-4f50-4138-b906-1bed3514943b | Not Translated (0%) | Consent document date: | Consent document date: |
| 163b70ebc46-415d-45ee-b5f9-2b29ba708a48 | Not Translated (0%) | 03/24/2015<195/><196/> | 03/24/2015<195/><196/> |
| 164ef81cb2f-0dcb-41c3-8be9-f140105f3a99 | Not Translated (0%) | Research Participant ID #:<197/>SJLTFU | Research Participant ID #:<197/>SJLTFU |
| 16553fb8360-4238-4ee5-9217-9741126a0510 | Not Translated (0%) | Research Participant Name:<198/>Page <204><200/><201/><202/></204><207>7</207><214><209/> of <210/><211/><212/></214><217>7</217><218/> | Research Participant Name:<198/>Page <204><200/><201/><202/></204><207>7</207><214><209/> of <210/><211/><212/></214><217>7</217><218/> |