Sample Consent Document 2: *Natural History Study of the Clinical and Molecular Manifestations of Smith-Magenis Syndrome – biobank and registry consent*

This consent document was used for the recruitment of pediatric participants for a registry (database) and a biobank.

Important note: This consent document was developed for the Natural History Study of the Clinical and Molecular Manifestations of Smith-Meganis Syndrome. It is not provided as guidance or as a template promoted by NHGRI, but as a reference to inform investigators and IRBs considering these issues. It is important to tailor consent documents for each individual study.

INSTITUTE:

STUDY NUMBER:

PRINCIPAL INVESTIGATOR:
ADJUNCT PRINCIPAL INVESTIGATOR:

STUDY TITLE: Natural History Study of the Clinical and Molecular Manifestations of Smith-Magenis Syndrome (SMS)

Continuing Review Approved by the IRB on 08/08/13
Amendment Approved by the IRB on 06/27/14 (F) Date Posted to Web: 07/09/14
Research Registry and Core Tissue Bank

INTRODUCTION

We invite you to take part in a research study.

First, we want you to know that:

Taking part in research is entirely voluntary.

You may choose not to take part, or you may withdraw from the study at any time. In either case, you will not lose any benefits to which you are otherwise entitled. However, to receive care you must be taking part in a study or be under evaluation for study participation.

You may receive no benefit from taking part. The research may give us knowledge that may help people in the future.

Second, some people have personal, religious or ethical beliefs that may limit the kinds of medical or research treatments they would want to receive (such as blood transfusions). If you have such beliefs, please discuss them with your doctors or research team before you agree to the study.

Now we will describe this research study. Before you decide to take part, please take as much time as you need to ask any questions and discuss this study with anyone or with family, friends or your personal physician or other health professional.

WHY IS THIS STUDY BEING DONE?

You and your child are being asked to participate in this study because your child is known or suspected to have Smith-Magenis syndrome (SMS), a rare neurobehavioral syndrome usually caused by a deletion of chromosome 17p11.2; in less 10% of cases it is due to mutation in the RAI1 gene. There are two aspects to this study:

- SMS Research Registry: The SMS Research Registry serves as a confidential database of individuals diagnosed with SMS to facilitate research initiatives and promote development of improved treatments for SMS. As the only active international registry of its type, the SMS Registry is established and maintained with procedures that ensure the most stringent confidentiality of participants. Persons enrolled in the SMS Research Registry have the ongoing

participants. Persons enrolled in the SMS Research Registry have the ongoing opportunity to participate in research studies that seek to determine if specific genetic changes (genotype) result in certain specific medical problems (phenotype) that occur in this syndrome.

- **SMS Research Core Tissue Bank**

  The SMS Core Tissue Bank is collecting biological materials (blood and tissue samples) from persons diagnosed with Smith-Magenis syndrome for ongoing research to understand SMS. These samples will be used to establish a permanent research tissue collection that will be used by us and other researchers to search for the underlying genetic cause(s) of SMS and improve methods of diagnosis of this rare microdeletion syndrome. Investigators will use the tissue samples in studies to characterize Smith-Magenis syndrome. The SMS Core Tissue Bank coordinates the collection, storage and distribution of DNA & tissue samples for research to all researchers in a fair and equitable manner. Samples enrolled in the SMS Core Tissue Bank will be coded by number to protect the identity of participants. When outside researchers request blood or tissue from the bank, the samples will be labeled with a code and not by an individual's name.

WHAT IS INVOLVED IN THE STUDY?

If you agree to participate in this research, the following will happen:

SMS Research Registry

To enroll in the SMS Registry, we will ask you to complete a SMS Research Registry Questionnaire (30 min) and mail it to the address listed. The questionnaire will go directly to the data coordinator under the supervision of the PI (of this project. This supervision includes strict adherence to established confidentiality procedures intended to protect the identity of those who participate.

The registry database is kept under tight security at all times. Only the PI and Study Coordinator will have access to your name and information. Once entered into the database, the information is coded and only the coded data are available for review by outside researchers.

The SMS Registry Questionnaire is a valuable piece of research material in itself, providing data on SMS. Periodically, Registry participants (or their parents) will receive new questionnaires to keep information updated and to investigate new topics of interest. Periodic newsletters will be sent to all Registry participants for whom we have current contact information.

SMS Core Research Tissue Bank:

- If you allow us, we would like to include a blood sample and/or tissue samples from you/your child in the SMS Core Research Tissue Bank. About 2 teaspoons of blood will be drawn from adults and 1-3 teaspoons from children (depending on their size) by standard procedures. If needed, we will use a local anesthetic cream to make the procedure less painful.

Tissue samples can be provided in several ways. If a skin biopsy is agreed upon, a small area of skin, usually on the underside of the arm, is cleaned with an anti-bacterial solution. The skin is numbed with a local anesthetic and a small circle of skin, usually about 1/8 inch, is removed with a punch biopsy tool.

- • Second, arrangements to collect a tissue sample during elective/scheduled surgery can also be made. Prior arrangements are needed to optimize collection of fresh tissue samples, which require special handling. In cases where pathological tissue blocks are available, we may ask your permission to have these sent to us.

- The tissue(s) will be cultured and stored and permanent cell lines created for use in future research projects related to SMS.

- If samples have already been drawn for research studies under the SMS Natural History study, we may not need to obtain any additional samples. The original samples can be processed to establish cell lines and extract DNA, and, we can arrange to transfer them to the Core Tissue Bank, once the tissue/cell lines have been established in the laboratory. Any transferred samples will be coded as described below.

- We will store your/your child's blood/tissue indefinitely and it will be used by us and others for future studies to learn more about Smith-Magenis syndrome or to investigate gene(s) located within the 17p11.2 critical region.

- When other researchers request tissue, the sample will be labeled with a code number instead of your/your child's name. Only the primary investigators on this project can connect your/your child's name to the results of the new research. The coded samples will not be linked to any personal identifiers (e.g., name, address, or phone, fax, email and/or social security number). The code key for the samples will be kept in a separate file from identifying information.

- If we decide we would like to do research using data or samples that is beyond the scope of this study, we will contact you to ask your permission.

WILL I RECEIVE ANY RESULTS FROM THIS RESEARCH?

We will not provide you or your doctor with the individual results of any future research done on tissue(s) held in the SMS Research Registry & Core Tissue Bank, since tissues are studied in the aggregate and coded to protect the donor's identity. If meaningful information is developed from research that has relevance for the health of persons with SMS in general, then you will be informed of this in a general flyer sent to all participants for whom current contact information is available. Additional clinical studies under the care of your local doctor may be required to determine you/your child's own health risks.

By agreeing to participate in this study, individuals do not waive any rights regarding access to and disclosure of their records. For further information on those rights, please contact

WHAT ARE THE RISKS OF THE STUDY?

Possible risks and discomforts you could experience during this study include:

Blood collection: There may be some physical discomfort when we collect blood with a needle. There is a small chance that an individual may develop a bruise or an infection at the needle or punch biopsy site, or feel lightheaded or faint.

Skin biopsy: The risks of a punch biopsy include brief pain, slight bruising, and rarely, infection where the needle (for lidocaine) and the punch went in. We take every precaution to prevent infection. Some people feel dizzy when they have

a biopsy, but this goes away when the person lies down.

Surgical samples: The tissue removed during surgery would be thrown away if we did not keep it for the bank, so there will be at no physical risk if we keep the tissue.

SMS Registry: The physical risks of participating in the SMS Research Registry are anticipated to be minimal. All that is required is the time to fill out the Registry questionnaire and any future surveys sent to you. Completing these may represent a minor inconvenience. The risks that require more serious consideration relate to keeping a person's name in a database. Although every reasonable effort will be made to keep information confidential, there can be no guarantees that errors in protecting this information will not be made.

Genetic studies: There may be a risk that genetic information obtained as a result of participation in research could be misused for discriminatory purposes. However, state and federal laws provide some protections against genetic discrimination. If you have any questions, please ask (Adjunct Principal Investigator) or the Principal Investigator. Researchers who will have access to genetic information about you will take measures to maintain the confidentiality of your information.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

There may be no direct treatment benefit to subjects or their family from participating in this part of the study. Research information from the SMS Registry and/or Core Tissue Bank may give us knowledge that may help persons with SMS in the future.

WHAT ARE MY OTHER OPTIONS?

Participation in the SMS Research Registry and Core Tissue Bank is voluntary. You have the right to choose whether or not to participate. Your choice will not affect your/your child's medical care or alter the options to participate in other parts of this study or other research projects.

If you wish to participate, please check your answers to the following questions.

1. May we enroll your child with SMS in the SMS Research Registry and gather information for future research related to Smith-Magenis Syndrome? O Yes O No

2. May we collect and maintain blood and tissue samples on you and/or your child for future research studies related to Smith-Magenis Syndrome? O Yes O No

3. May we share collected blood and tissue samples on you and/or your child for future use in ethics committee approved research projects related to other similar genetic disorders? O Yes O No

WHAT IF I CHANGE MY MIND?

You may stop participating in this study at any time. If you choose, you may request to have the samples and/or data destroyed and names removed from the SMS Research Registry.

WHO ELSE WILL KNOW THAT I AM IN THIS STUDY?

- Clinical data and biological materials samples from this study will be identified with a code number instead of your name. The key for this code will be stored in a locked file cabinet under control of the Adjunct Principal Investigator, The clinical data (phenotype) and biological materials that we collect from you or your child with SMS may be snared with other researchers for use in ethics committee approved general research projects (with appropriate confidentiality protections) related to SMS and/or other similar genetic disorders. Sample data will include only a person's age, gender, and ethnicity. We will not give other researchers a name, address, or phone number or other identifying information. There will be a code to link the sample(s) with the clinical data derived from the registry questionnaires.

WILL I RECEIVE PAYMENT FOR BEING IN THIS STUDY?

You will not receive payment for taking part in this study. If a cost is incurred in drawing blood and/or to perform the skin biopsy, these will be covered by the study.

It is possible that research using these samples your blood may enable researchers to develop medical tests or treatments that have commercial value. You will not receive any money that may result from such commercial tests or treatments.

CONFLICTS OF INTEREST

The National Institutes of Health reviews researchers at least yearly for conflicts of interest. The following link contains details on this process: http://ethics.od.nih.gov/forms/Protocol-Review-Guide.pdf. You may ask your research team for additional information or a copy of the Protocol Review Guide.

This protocol includes investigators who are not NIH employees. Non-NIH investigators are expected to adhere to the principles of the Protocol Review Guide but are not required to report their personal financial holdings to the NIH.

STUDY NUMBER:

OTHER PERTINENT INFORMATION

1. Confidentiality. When results of an NIH research study are reported in medical journals or at scientific meetings, the people who take part are not named and identified. In most cases, the NIH will not release any information about your research involvement without your written permission. However, if you sign a release of information form, for example, for an insurance company, the NIH will give the insurance company information from your medical record. This information might affect (either favorably or unfavorably) the willingness of the insurance company to sell you insurance.

The Federal Privacy Act protects the confidentiality of your NIH medical records. However, you should know that the Act allows release of some information from your medical record without your permission, for example, if it is required by the Food and Drug Administration (FDA), members of Congress, law enforcement officials, or authorized hospital accreditation organizations.

2. Policy Regarding Research-Related Injuries. The [illegible] will provide short-term medical care for any injury resulting from your participation in research here. In general, no long-term medical care or financial compensation for research-related injuries will be provided by the National Institutes of Health, the Clinical Center, or the Federal Government. However, you have the right to pursue legal remedy if you believe that your injury justifies such action.

3. Payments. The amount of payment to research volunteers is guided by the National Institutes of Health policies. In general, patients are not paid for taking part in research studies at the National Institutes of Health. Reimbursement of travel and subsistence will be offered consistent with NIH guidelines.

4. Problems or Questions. If you have any problems or questions about this study, or about your rights as a research participant, or about any research-related injury, contact the Principal Investigator [illegible]
or Adjunct Principal Investigator, [illegible]
Other researcher you may call is: Medical Advisory Investigator [illegible]
Telephone (301) 451-8879.

You may also call the [illegible]

5. Consent Document. Please keep a copy of this document in case you want to read it again.

COMPLETE APPROPRIATE ITEM(S) BELOW:

A. Adult Patient's Consent

I have read the explanation about this study and have been given the opportunity to discuss it and to ask questions. I hereby consent to take part in this study.

Signature of Adult Patient/Legal Representative _____ Date _____

Print Name _____

B. Parent's Permission for Minor Patient.

I have read the explanation about this study and have been given the opportunity to discuss it and to ask questions. I hereby give permission for my child to take part in this study.
(Attach NIH 2514-2, Minor's Assent, if applicable.)

Signature of Parent(s)/Guardian _____ Date _____

Print Name _____

C. Child's Verbal Assent (If Applicable)

The information in the above consent was described to my child and my child agrees to participate in the study.

Signature of Parent(s)/Guardian _____ Date _____ Print Name _____

THIS CONSENT DOCUMENT HAS BEEN APPROVED FOR USE FROM AUGUST 8, 2013 THROUGH AUGUST 7, 2014.

Signature of Investigator _____ Date _____ Signature of Witness _____ Date _____

Print Name _____ Print Name _____