

IRB #: IRB17-00084  
Form Approval Date: 2/20/2018  
Study Approval Date: 1/16/2018  
Study Date of Expiration: 1/15/2019



**ASSENT TO PARTICIPATE IN RESEARCH  
(FOR SUBJECTS 9 YEARS UP TO 18 YEARS OF AGE)**

**Study Title:** Dental Effects of Hypophosphatasia Registry

**Study Doctor:** Dr. Ann Griffen

**Subject's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**You are being asked to be in a research study. Studies are done to find better ways to treat people or to understand things better.**

- **This form will tell you about the study to help you decide whether or not you want to volunteer to participate.**
- **You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.**
- **It is okay to say "No" if you don't want to be in the study. If you say "Yes" you can change your mind and stop being in the study at any time without getting in trouble.**
- **If you decide you want to be in the study, an adult (usually a parent) will also need to give permission for you to be in the study.**

**1. What is this study about?**

Learning about the teeth of people with Hypophosphatasia.

**2. What will I need to do (what will be done to me) if I am in this study?**

Your parent/legal guardian will be filling out forms to tell us about your teeth, like if you lost them early or if you have cavities.

**3. How long will I be in the study?**

This study does not have an end point at this time, and we would like to contact you in the future to follow up if you are ok with that.

**4. Can I stop being in the study?**

You may stop being in the study at any time.

**5. What bad things might happen to me if I am in the study?**

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The only thing that could happen is that other people might possibly find out that you have Hypophosphatasia, although we will do everything we can to keep this private.

**6. What good things might happen to me if I am in the study?**

You will not benefit from being in this study but we might learn something that could help others.

**7. Will I be given anything for being in this study?**

You will not be paid to be in this study.

**8. Who can I talk to about the study?**

For questions about the study you may contact the study doctor.

To discuss other study-related questions with someone who is not part of the research team, you may contact the Institutional Review Board Office (the group that reviews all human subject research) at 614-722-2708.

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**Signing the assent form**

I have read (or someone has read to me) this form. I have had a chance to ask questions before making up my mind. I want to be in this research study.

\_\_\_\_\_  
**Signature or printed name of subject**                      **Date and time**                      **AM/PM**

**Investigator/Research Staff**

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

\_\_\_\_\_  
**Printed name of person obtaining assent**                      **Signature of person obtaining assent**

\_\_\_\_\_  
**Date and time**                      **AM/PM**

**This form must be accompanied by an IRB approved consent form signed by a parent/guardian.**