

MAR 15 2012

UW

UNIVERSITY OF WASHINGTON  
CONSENT FORM

INTERNATIONAL REGISTRY/REPOSITORY OF WERNER SYNDROME  
AND OTHER PREMATURE AGING SYNDROMES

ASSENT FORM (AGES 7-12)

Investigators:

\_\_\_\_\_, Referring Physician  
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Investigators' statement

PURPOSE AND BENEFITS

You have a condition that causes you to look older than you are. We want to see if the cells in your skin and in your blood are different from people who don't have this condition. This is a science study. Maybe we will learn more about what causes looking older at a young age from these studies of you.

PROCEDURES

If it's okay with you we will take some blood from you and take a small piece of skin from the upper part of your arm. To take the blood we will use a small needle and take the blood from your arm. We will take about one tablespoon of blood. We will take the blood to our laboratory for tests. To take the small piece of skin (about 2mm across) we will first inject a small amount of a numbing medicine into your skin. This burns at first but then the skin is numb. Then we will use a small instrument called a biopsy punch to take the small piece of skin from your arm. We will put the skin in special fluid called culture medium and then will take it to the laboratory and grow cells from it.

RISKS, STRESS, OR DISCOMFORT

The needle we use to take the blood may cause pain. You might get a bruise on your arm. You might feel dizzy or faint. The needle we use to inject the numbing medicine may cause pain and the numbing medicine will burn for a few seconds. You will feel pressure from the skin biopsy but it should not hurt. You will have a small scar when it heals.

OTHER INFORMATION

We won't tell anyone you took part in this study. You do not have to take part in this study if you don't want to. No one will be mad at you. We will give you a copy of this paper to keep.

\_\_\_\_\_  
Signature of investigator

\_\_\_\_\_  
Date

Subject's statement

This science study has been explained to me. I agree to take part in the study. I have had a chance to ask questions. If I have more questions I know I can ask the doctor.

\_\_\_\_\_  
Signature of subject

\_\_\_\_\_  
Date

Copies to: Subject  
Investigator's file

Revised: 03/14/12

APPROVED

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