UNIVERSITY OF CALIFORNIA, IRVINE
CONSENT FOR RELEASE OF HEALTH INFORMATION

Form 1

CLINICAL GENETICS OF CRANIOSYNOSTOSIS

If you are a parent/legally authorized representative consenting on behalf of your child, "you" refers to "your child" throughout this consent form.

You are being asked to participate in a research study. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM AND SPONSORS

Lead Researcher:
Virginia Kimonis, MD
Chief, Division of Genetics and Metabolism
Professor of Pediatrics
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Study Locations:
UCI ICTS
UCI Medical Center
CHOC

Study Sponsor: NIH

PURPOSE OF STUDY:

The purpose of the study is to investigate the **"Clinical Genetics of Craniosynostosis."**

Due to the fact that a child's brain needs room to grow, the bones which make up our skull are not fused at birth. Rather they are separate bony plates connected by soft tissue. As children mature and their brain volume reaches adult size these bony plates fuse and form the adult skull. In some instances a child may be born with some of these bone plates fused earlier than normal. This phenomena is called, "cranio (head) synostosis (abnormal development of a joint)."

The connections that separate each individual skull bones are called sutures. The early closing of a suture can lead to an abnormally shaped head and pressure inside of the skull. Craniosynostosis is a phenomenon that may be isolated (no other symptoms) or may be part of a syndrome (other body systems are involved). Craniosynostosis can occur in only one family member or can run in

families and several family members may be affected. Either way it is likely that a change or a combination of several changes in our genetic code may have caused craniosynostosis to occur.

WHY IS THIS RESEARCH DONE?

This research project is being done to identify and study the genes associated with these very specific face and skull abnormalities. We would like to determine how variations in our genes relate to the development of craniosynostosis. No other genetic testing will be done without your specific approval. Because face and skull abnormalities have associated medical problems, this study may help us find better methods of diagnosis, treatment and/or prevention of this birth problem.

Participation in this study may require approximately 2 hours. At this time we are only asking permission for medical records review.

Study Design

Initially we would only like to formally ask your permission to review your medical records. This is done to see if you fulfill the criteria to enter the study as well as to have all of your records on hand at your visit which will then require less time.

We will obtain permission to access your medical records over the phone. You have therefore been sent this consent form, a medical information release form and a HIPAA form which is concerned with privacy issues. Please read these forms and we will go over them with you on the telephone and answer all of your questions. Once we have reviewed your medical records you will be invited to be seen in clinic and full explanation and consent will be obtained at this time including details of all procedures.

SUBJECTS:

The expected enrollment at UCI is approximately 100 patients and their parents over a 3-year period. This study is part of a larger research study being coordinated by the University of California at Davis, called the International Craniosynostosis Consortium. It is anticipated that a total of 750 participants will take part in this multi-site study.

Families with at least one child with the presence of a confirmed finding of a skull and/or face abnormality found at birth or craniosynostosis by a clinical geneticist, radiologist, and surgeon will be asked to participate in the study.

The majority of craniosynostosis patients are diagnosed in the first year of life, and therefore, most research participants are expected to be younger than 12 months of age. You can, however, participate at any age.

Study participants will be identified through the pediatric, genetics and craniofacial clinics and support organizations throughout Orange County. Where possible other local hospitals and physicians will be made aware of this research study at UC Irvine, and they might also refer potential participants.

Children over the age of 7 years, who are able to understand the risks and benefits of the study, will be asked to provide their written assent (a simplified version of the form you are signing). Your written consent and your child's assent will be obtained by the Principal Investigator if your child is willing to participate in the study.

PROCEDURES:

We wish to obtain relevant medical records from you or your physician(s). We would like you to sign a medical record release form so that we may review medical records that are important to our research. Whenever possible, a review of medical records will be completed prior to the study visit to limit the length of the visit. This consent form, a medical release form and a UCI HIPAA form for research studies will be mailed to you before your appointment. Once we receive the signed forms back from you we can start to obtain medical records. We will provide you with an envelope so you can mail the signed forms back to us. Your medical records will be de-identified and information pertinent to the research study will be shared with our collaborator in UC Davis. You will be assigned a study number from which people will not be able to identify your family or name. In addition, your records will be kept in a locked chart room

Sometimes your medical provider may have stored previously collected biological samples from you. This could be frozen blood, cells from your blood or your skin which can be grown in the laboratory and multiplied or tissue which was generated either from a biopsy or another surgical procedure (ie bone shavings from the surgical opening of a suture). If your medical records indicate that these samples may be available, we will contact you to ask for permission of transferring these samples. If a surgical procedure is scheduled to happen in the future, we may contact you for permission to transfer potential samples to the research study.

The additional procedures will be explained at the first visit and a comprehensive consent will then need to be signed by both parents. The signature of at least one parent is sufficient if one of the parents is deceased, unknown, incompetent, or not reasonably available, otherwise both parents need to sign the consent form for their child.

RISKS AND DISCOMFORTS:

The only risk to this part of the study is privacy and possible breach of confidentiality. This is because personal information about you will be collected. This is extremely unlikely and of course all efforts will be made to minimize this possibility. Your medical records will only be reviewed by Dr. Kimonis and qualified members of the study team. Medical information will be coded and identifiable information will not be shared with our collaborators. A copy of this consent form will NOT be placed in your medical record.

BENEFITS:

Subject Benefits

There is no direct benefit to you from being in this study. However, we hope that the information obtained may help us in the development of accurate and efficient diagnostic testing and better treatment strategies of people with these conditions

Benefits to Others or Society
Benefits for society are potentially great if the scientific and health communities gain information about the syndrome genes, their function as they relate to normal craniofacial development and the pathogenesis of these conditions.

ALTERNATIVES TO PARTICIPATION:
The only alternative is not to participate in this research study. This research study does not involve medical treatment, and will not interfere with any future care you or your family receives at UC Irvine or any referring facility.

COMPENSATION, COSTS AND REIMBURSEMENT:
It will not cost you anything to be in this study and you will not be paid for participating.

WITHDRAWAL FROM THE STUDY:
You are free to withdraw from this study at any time without any obligations or consequences. If you decide to withdraw from this study you should notify your study doctor.

CONFIDENTIALITY:
Your research records will be stored in a very restricted-access area.

Subject Identifiable Data
All identifiable information that will be collected about you will be kept securely with the research data and will be viewable only by the qualified research personnel on this study. Medical records will be coded and identifiable information will not be shared with our collaborators.

Data Storage
Storage of data will include paper files and electronic data; all paper files such as medical records will be maintained in a secure location at UCI. Only authorized individuals will have access to it.

All electronic research data will be stored on a secure network with password protection.

Data Access
The research team, authorized UCI personnel and regulatory entities such as the Office of Human Research Protections (OHRP), may have access to your study records to protect your safety and welfare. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed by these entities without your separate consent, except as specifically required by law. Research records provided to authorized, non-UCI entities, will not contain identifiable information about you. Publications and/or presentations that result from this study will not include identifiable information about you unless you have

consented to this. If we wish to use identifying information in publications or presentations (i.e., facial photographs), the research team will ask for your approval at that time.

Data Retention
Due to the fact that this study involves children, all study records will be retained for seven years after all minors who are enrolled in the study reach the age of 18 years.

NEW FINDINGS:
If, during the course of this study, significant new information becomes available that may relate to your willingness to continue to participate, this information will be provided to you by the research team listed at the top of the form.

OTHER CONSIDERATIONS:
Use of Specimens
Any specimens (e.g., tissue, blood) obtained for the purposes of this study will become the property of the University of California, Irvine (UCI). Once you provide the specimens you will not have access to them. The specimens will be used for research and such use may result in inventions or discoveries that could become the basis for new products or diagnostic or therapeutic agents. In some instances, these inventions and discoveries may be of potential commercial value and may be patented and licensed by the University. You will not receive any money or other benefits derived from any commercial or other products that may be developed from use of the specimens.

Specimens will be coded and shared with UC Davis and the Coriell Cell Repository to establish cell lines that can be kept growing indefinitely with your consent. All identifiable information that will be collected about you will be removed from the sample and replaced with a code. The Coriell repository may sell your de-identified sample to scientists in research and teaching.

Investigator Financial Conflict of Interest
No one on the study team has a disclosable financial interest related to this research project.

IF YOU HAVE QUESTIONS:
If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed at the top of this form.

If you are unable to reach a member of the research team listed at the top of the form and have general questions, or you have concerns or complaints about the research study, research team, or questions about your rights as a research subject, please contact UCI's Office of Research by phone, (949) 824-6068 or (949) 824-2125, by e-mail at IRB@rgs.uci.edu or in person at 5171 California Avenue, Suite 150, Irvine, CA 92697-7600.

VOLUNTARY PARTICIPATION STATEMENT:

You should not sign this form unless you have read the attached "Experimental Subject's Bill of Rights" and have been given a copy of it and this consent form to keep. **Participation in this study is voluntary.** You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with UCI or your quality of care at the UCI Medical Center. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

I agree to participate in the study.

_____ _____

Subject Signature **Date**

_____

Printed Name of Subject

_____ _____

Legally Authorized Representative/Guardian Signature ***Date***

_____

Printed Name of Legally Authorized Representative/Guardian

_____ _____

Legally Authorized Representative/Guardian Signature ***Date***

_____

Printed Name of Legally Authorized Representative/Guardian

_____ _____

Researcher Signature **Date**

_____

Printed Name of Researcher

_____ _____

Witness Signature ***Date***

_____

Printed Name of Witness

UNIVERSITY OF CALIFORNIA, IRVINE
Experimental Subject's Bill of Rights

The rights listed below are the right of every individual asked to participate in a research study. You have the right:

1. To be told about the nature and purpose of the study.
2. To be told about the procedures to be followed in the research study, and whether any of the drugs, devices, or procedures is different from what would be used in standard practice.
3. To receive a description of any side effects, discomforts, or risks that you can reasonably expect to occur during the study.
4. To be told of any benefits that you may reasonably expect from the participation in the study, if applicable.
5. To receive a description of any alternative procedures, drugs, or devices that might be helpful, and their risks and benefits compared to the proposed procedures, drugs or devices.
6. To be told of what sort of medical treatment, if any, will be available if any complications should arise.
7. To be given a chance to ask any questions concerning the research study both before agreeing to participate and at any time during the course of the study.
8. To refuse to participate in the research study. Participation is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your right to receive the care you would receive if you were not in the experiment.
9. To receive a copy of the signed and dated written consent form and a copy of this form.
10. To be given the opportunity to freely decide whether or not to consent to the research study without any force, coercion, or undue influence.

If you have any concerns or questions regarding the research study you should contact the research team listed at the top of the consent form.

If you are unable to reach a member of the research team and have general questions, or you have concerns or complaints about the research study, research team, or questions about your rights as a research subject, please contact the UCI's Human Research Protections Program in the Office of Research by calling (949) 824-6068 or (949) 824-2125 Monday – Friday, 8 am – 5 pm; or by e-mail at IRB@rgs.uci.edu; or by writing us at 5171 California Avenue, Suite 150, Irvine, CA 92697-7600.