

# Assent Form

## For Children Up to Age 11

**Name of Research Study:** Environmental influences on Child Health Outcomes (ECHO)-wide Cohort Data Collection Protocol

**Protocol No.:** None  
WIRB® Protocol #20181210

**Sponsor:** National Institutes of Health (NIH)

**Local Study Name:** PRISM, ACCESS, and the First Thousand Days of Life and Beyond

**Investigator:** PRISM and ACCESS New York: Rosalind J Wright, MD, MPH

**Sub-Investigators:** PRISM Boston: Michelle Bosquet-Enlow, PhD  
First 1000 Days: Rosemary D Higgins, MD and Kathi Huddleston, PhD

**Research Site Address(es):** PRISM and ACCESS New York: Mount Sinai Hospital,  
5 East 98<sup>th</sup> Street, 10<sup>th</sup> Floor, New York, NY 10029  
  
PRISM Boston: Boston Children's Hospital,  
21 Autumn Street, 1<sup>st</sup> Floor, Boston, MA 02115  
  
First 1000 Days: George Mason University  
4400 University Drive, Population Health Center, Fairfax, Virginia 22030

**Daytime Telephone Number(s):** New York: 212-241-5287; Boston: 617-919-4680; Fairfax: 703-993-1952



### What is a research study?

Research is a way to help us learn new things and test new ideas. Being in research is your choice. Whatever you decide is OK. You can ask questions at any time.

### What is the name of this study?

Environmental influences on Child Health Outcomes, or ECHO for short.

### Who is in charge of this study?

A part of the government called the National Institutes of Health supports this study. The people in charge of the study are Rosalind Wright in New York, Michelle Bosquet-Enlow in Boston and Rosemary Higgins and Kathi Huddleston in Fairfax, Virginia.

### What is this study about?

This study is trying to learn how to improve children's health in the United States. The study wants to find out how things in the world around us can change how children grow and how healthy they are.

### What will happen to me in this study?

If you decide to be in this study, we will:

- Ask you to be in the study at least until the year 2023
- Ask you and your family to share information about you, your family, and the world around you
- Ask you to answer questions on a piece of paper, a cell phone, a computer, or a tablet
- Ask you for small amounts of things from your body, like hair, pee (urine), poop (stool), spit (saliva), blood, toenails, mucus from your nose, and a tooth if one falls out
- Look at notes from your doctor visits

### Could this study help me?

Being in this study may not help you right now. We do hope to learn important things from this study. And someday we hope it will help other kids be healthy.

### Could this study hurt me?

This study should not hurt you. You could feel a pinch or get a bruise from blood collection. You might feel uncomfortable about some questions you are asked. You don't have to answer all questions or give samples if you don't want to.



**Do I have to be in this study?**

No, you don't. No one will be mad if you don't want to do this. Just tell us if you do or do not want to be in this study. And remember, you can say yes now and change your mind later.

It is up to you.

**Statement of assent**

**For office use: STUDY ID**

\_\_\_\_\_  
Printed Name of Participant

I have explained the study to the extent compatible with the participant's capability, and the participant has agreed to be in the study.

**OR**

The participant is not able to assent because the capability of the participant is so limited that the participant cannot reasonably be consulted.

\_\_\_\_\_  
Signature of Person Obtaining Assent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Person Obtaining Assent