

**ASSENT FORM
FOR CHILD PARTICIPANTS AGES 7 TO 17 YEARS**

Sponsor / Study Title: Dono Vivo, LLC. / "Prospective study aimed at obtaining diseased state human biological specimens for use by researchers in laboratory studies assisting in the development of diagnostic testing and future therapeutics."

**Principal Investigator:
(Study Doctor)** Chad Link, D.O.

Telephone: (888) 694-4380 (24 Hours)

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You are being asked to be in this research study because you have a disease for which conventional medicine does not currently have a reliable cure. This form explains the study. After reading this form, you can decide to be in the study or you can decide not to be in the study. Either choice is okay. If you decide to start the study and then change your mind, you can stop being in the study at any time.

Please ask the study doctor or study staff to explain anything you do not understand. They will answer all the questions you have. You can ask questions about the study at any time.

If you want to talk to the study doctor alone please ask.

WHAT IS THIS RESEARCH STUDY ABOUT?

The study doctor is providing your sample to researchers looking to create medicines and tools related to your disease. The study doctor wants to provide these samples to these researchers so they can better understand how the disease represents itself in children, like you, differently than adults. About 200 people will participate in this study.

WHAT WILL HAPPEN TO ME IN THIS RESEARCH STUDY?

If you want to be in the study, here is a list of things that will happen:

- You will have only one visit for the study unless you and your parents/guardian decide to do more.
- We will take a blood sample from a vein in your arm using a small needle. This will happen one time, unless you and your parents/guardian decide to do more.

WHAT SIDE EFFECTS WILL THERE BE?

You may feel a small amount of pain when blood is taken from your arm. Tell your parent/guardian right away if you do not feel well or think you might have a side effect.

WILL YOU GET BETTER IF YOU ARE IN THE STUDY?

Participating in this study will not directly help you get well. Your participation may allow researchers to create future medicines that may become available for testing, but that will not be part of this experience. However, other children who have your disease may be helped in the future.

WILL WHAT I SAY BE KEPT PRIVATE?

What you tell the study doctor or anything else about you may be written down. What is written down about you will be seen by the study doctor, and other people who run and manage the study. People who make sure that the study is being done the right way may also see it. If the information about the study is sent anywhere else, it will not have your name on it.

WHAT IF I DON'T WANT TO BE IN THIS STUDY?

You do not have to be in the study if you do not want to. You can also decide to start the study now and then stop being in it at any time. No one will be mad at you if you decide not to be in the study or decide to stop being in it later. Your regular doctor will still take care of you.

STATEMENT OF ASSENT

I would like to be in this study.

Printed Name of Child Participant

Child Assent Signature

Date

Printed Name of Person Obtaining Assent

Signature of Person Obtaining Assent

Date