

## Parent/Guardian Consent Form

### **Title of Research Project**

CALIPER: Canadian Laboratory Initiative on Paediatric Reference Intervals

### **Investigators**

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### **Coordinators**

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### **Purpose of the Research**

CALIPER is a nation-wide initiative to create an updated database of ‘paediatric reference intervals’ - a range of chemistry and hematology test results obtained from a group of healthy children to determine what is normal when a child with medical concerns is screened for a disease. Your child’s blood sample will help to fill in the critical gaps in paediatric reference intervals that currently exist with respect to age, gender, and ethnicity. This will help to improve assessment and treatment of children at SickKids and across Canada.

### **Description of the Research**

#### **Step 1: Questionnaire and Consent Form**

You will complete a short questionnaire (enclosed) and sign this consent form, which will take about 10 minutes. For additional information on our project, please go to [www.caliperproject.ca](http://www.caliperproject.ca). You can print and complete the questionnaire and consent form at home, or at your child’s appointment, where a SickKids CALIPER team member will be available to assist you. A copy of the consent form will be provided or sent to you. *If your child will be participating at a school clinic and if you will not be accompanying your child, please be sure to complete the questionnaire and sign this consent form before your child’s appointment.*

#### **Step 2: Schedule Your Child’s Appointment**

If your child will be participating at a school clinic, your child’s school will schedule your child’s appointment. If your child will be participating at SickKids or at a nearby CALIPER site, please contact the Project Coordinators at 416.813.7654 ext. 202673 or [caliper.project@sickkids.ca](mailto:caliper.project@sickkids.ca) to schedule an appointment for your child. It is NOT necessary for children to fast for this study. However, if you decide to fast, the fasting period will depend on your child’s age (before next feeding for children less than 2 years old; 4-6 hours before next meal for children between 2-12 years old; and a minimum of 8 hours before breakfast for children 13-18 years old).

#### **Step 3: Day of Your Child’s Appointment**

Upon arrival you will be greeted by a CALIPER team member who will review the details of the project with you and can also help you fill out the questionnaire and consent form. Depending on your child’s age, you and/or the CALIPER team member will explain the blood donation procedure to your child. The CALIPER team member will ask you/your child a few questions (e.g. your child’s recent diet and exercise) and take a few measurements (e.g. your child’s height, waist and weight). If your child is between 8-15 years old, he/she may be asked to complete a Tanner form, which is a measure of pubertal development. A SickKids phlebotomist experienced with paediatric blood collection will then take a one-time small blood sample from your child’s arm, which takes approximately 3 minutes. Sample collection will take place in a secure and safe environment with all necessary materials. Depending on the age, the amount of blood taken will be as follows: 0-12 months, 1-2 mL; 1-10 years, 3-6 mL; 11-18 years, 6-11 mL. No other visits or additional tests will be needed.

#### **Step 4: Follow-up with Your Child’s Doctor**

We will share your child’s test results that could be of concern with your child’s doctor. Your child’s doctor can then share these results with you. With your permission and if your child is between 8-15 years old, we will ask your child’s doctor to share your child’s Tanner results with us (that is if your child did not complete her/his Tanner form at the appointment).

### **Participation**

Participation in this study is voluntary. If you choose to let your child take part in this study you can take your child out of the study at any time during participation. If you choose to have your child’s sample withdrawn from the study after

participation, we can remove the biological sample from the Biobank only if it has not been tested and used as part of our findings. If, in fact, your child's sample has been tested and been used for our study, withdrawing the sample and/ or other information is not possible at that time. If your child should ever need care at SickKids, this will not be affected in any way by whether your child takes part in this study. You will be notified if there are any changes made to the study that would affect your decision to have your child participate in the study. In that case, we will ask for your consent again if you still want to be in the study. If your child becomes ill or is harmed because of study participation, we will treat your child. Your signing this consent form does not interfere with your legal rights in any way. The staff of the study and any people who gave money for the study, or the hospital are still responsible, legally and professionally, for what they do.

### **Sponsorship**

Funding for this project is provided by SickKids Department of Paediatric Laboratory Medicine (DPLM) and the Canadian Institute of Health Research.

### **Potential Benefits to Participants**

In addition to knowing one has helped children and teens with medical concerns across Canada, participants themselves (and/or family member or friend) could potentially be a patient at SickKids or other paediatric health centre and benefit directly from the results obtained from this study.

### **Potential Benefits to Society**

The major benefit of this project will be an accurate and reliable determination of what is healthy and normal when a child with medical concerns is screened for a disease. This in turn will contribute to better assessment and treatment of children at SickKids and across Canada.

### **Potential Harms**

We will collect a small blood sample from your child's arm using a needle (e.g. butterfly needle). There may be slight discomfort, bruising or redness that will usually disappear within a few days. For many participants, applying pressure with a cotton ball immediately after blood donation can help alleviate any bruising or redness. Blood donation is usually a quick process (about 3 minutes). Depending on the child's comfort level, it can sometimes take a little longer.

### **Potential Discomforts or Inconvenience**

Your child's appointment will be scheduled at a time and location that is convenient for you (e.g. at SickKids or nearby CALIPER site such as a school). Total participation time, excluding travel to and from your child's appointment, will be approximately 15 minutes.

### **Confidentiality**

We will respect your privacy. All data is strictly confidential and will be used only for this research project and our collaborative studies. No information about who you are or who your child is will be given to anyone or be published without your permission, unless required by law. All information that is published is completely anonymous. That is, we are required by law to report to the proper authorities if it is believed that a child has been abused, if someone has an illness that could spread to others, if someone talks about harming themselves or others, or if the court orders us to give them the study papers.

SickKids Research Ethics Board and Research Quality and Risk Management teams, and other collaborating CALIPER sites, or the regulator of the study may see your questionnaire responses or your child's test results to check on the study. By signing this consent form, you agree to let these people look at this information.

Upon check in, your child's personal information on the questionnaire and biological samples will be coded with a CALIPER ID. This is used to protect the confidentiality of your child's information. All identified information (DOB

contact information) will be kept separately in a secured location. All information shared with other sites and collaborating organizations will only have access to information that is coded to protect the identity of your child.

The data produced from this study will be stored in a secure, locked location. Only members of the research team (and maybe those individuals described above) will have access to the data. This could include external research team members. Your child's sample will be kept until the completion of all CALIPER studies, and then destroyed as required by SickKids policy. During this time, your child's sample will be stored in a Biobank located at SickKids Hospital, under double lock, de-identified. Published study results will not reveal your identity or your child's identity. De-identified samples may be sent to other locations for analysis and testing, such as other CALIPER sites or collaborating organizations. By signing this consent form, you agree to have your child's sample stored in a Biobank and sent off site for analysis.

### **Reimbursement**

Each participant will receive the following for donating:

- \$10 for blood donation
- two volunteer hours
- choice of t-shirt, or teddy bear

The above-mentioned reimbursements are our compensation to you and your child in recognition of your time and effort. We will reimburse you for any other reasonable out-of-pocket expenses for being in this study at your request.

### **Conflict of Interest**

None of the people involved in this study have a conflict of interest. This means that they will not benefit personally or financially from this study.

### **Consent**

By signing this form, I agree that:

- 1) You have explained this study to me. You have answered all my questions.
- 2) You have explained the possible harms and benefits (if any) of this study.
- 3) I know what I could do instead of having my child take part in this study. I understand that I have the right to refuse to let my child take part in the study. I also have the right to take my child out of the study at any time. My decision about my child taking part in the study will not affect my child's health care at Sick Kids.
- 4) I am free now, and in the future, to ask questions about the study.
- 5) I have been told that my child's study records will be kept private except as described to me.
- 6) I understand that no information about my child will be given to anyone or be published without first asking my permission.
- 7) I have read and understood pages 1 to 3 of this consent form. I agree, or consent, that my child may take part in this study.

We will keep a signed copy of this Consent Form for our records and you will be provided or sent a copy as well. If you have any questions about this study, please contact the Primary Investigator, Dr. Adeli, at 416.813.8682 or [khosrow.adeli@sickkids.ca](mailto:khosrow.adeli@sickkids.ca) or the Project Coordinators at 416.813.7654 ext. 202673 or [caliper.project@sickkids.ca](mailto:caliper.project@sickkids.ca). If you have any ethical concerns regarding participation in this study, please contact Research Ethics at 416.813.5718. To find out more about CALIPER across Canada, please visit the CALIPER website at [www.caliperproject.ca](http://www.caliperproject.ca).

I have read and understood pages 1 to 3 of this consent form. I agree, or consent, that my child may take part in this study. Please complete this page if your child will be taking part in this study:

I give consent for my child \_\_\_\_\_ to take part in this study.  
Printed Full Name of child

To be completed by Parent/ Guardian:

**Please check the appropriate box(es):**

**My child will be donating a blood sample today. Parent/ guardian signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed Full Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date & Time

If parent/guardian does not read English:

\_\_\_\_\_  
Printed Full Name of witness

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date & Time

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**TO BE SIGNED BY CALIPER TEAM MEMBER TO ENSURE COMPLETED QUESTIONNAIRE AND SIGNED CONSENT:**

\_\_\_\_\_  
*Printed Full Name of CALIPER Member who explained consent*

\_\_\_\_\_  
*Signature of CALIPER Member who explained consent*

\_\_\_\_\_  
*Date*