

**UNIVERSITY OF PENNSYLVANIA
RESEARCH SUBJECT
ASSENT TO PARTICIPATE IN RESEARCH**

Protocol Title: BCM Registry
(Blue Cone Monochromacy International Patient Registry)

1. We are asking you to take part in a research study because we are trying to learn more about an eye condition called Blue Cone Monochromacy.
2. If you agree to be in this study your parent or guardian will enter some information about you onto a website and then Dr. Jacobson will make sure all of that information is correct.
3. There is very little chance that anything bad will happen to you during this study. There is a very small chance that the information from the website could be seen by someone other than your parent/guardian or Dr. Jacobson.
4. Being in this study will help scientists learn more about the eye condition Blue Cone Monochromacy. There is nothing done in this study that is going to help you directly.
5. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if both of your parents say “yes” you can still decide not to be in this study.
6. If you don’t want to be in this study, you do not have to participate. Remember, being in this study is up to you and no one will be upset if you don’t want to participate or even if you change your mind later and want to stop.
7. You can ask any questions that you have about this study. If you have a question later that you didn’t think of now, you can call me (215-662-9981) or ask me the next time you see me.
8. Signing your name below means that you agree to be in this study. You and your parents will be given a copy of this form after you sign it.

Participant

Date

Investigator

Date