

STANFORD UNIVERSITY - Research Consent Form

Protocol Title: Insulin-like growth factor therapy

Protocol Director: Darrell Wilson, MD

IRB Meeting Date: September 17, 2008

ASSENT FORM FOR MINORS

We are asking you to help us keep track of what happens to children who receive two shots a day of insulin-like growth factor I for growth. There is no more risk or pain for you to be part of this study. There are no extra blood tests to be part of the study.

You do not have to participate if you do not want to. You may stay on growth hormone shots instead, but we are trying you on this new medicine in hopes that it might make you grow faster.

Your participation will be kept secret, except from other doctors or possibly the drug company that makes the medicine.

You understand that your parents have given permission for you to participate in this study. If you have any questions, please ask them now or Dr. Wilson or his associates (at 650 723-5791) at any time.

If you are not happy about this study or if you have any questions, please contact the Stanford Institutional Review Board (IRB) to speak to someone other than your doctor at (650)-723-5244 or toll free at 1-866-680-2906 or write the Stanford IRB, Administrative Panels Office, Stanford University, Stanford, CA 94305-5401.

Do you understand this study and are you willing to participate?

YES

NO

Signature of Child aged 7-17 years

Today's Date



STUDY