

Assent

Meeting Date: July 27, 2009

**Study Title: The Pediatric Diabetes Consortium:
Current Treatment Modalities and Clinical Outcomes in Children with Type 1 Diabetes**

What will happen to me in this study?

At your regular visits to clinic, we will ask you and your parents questions about how you take care of your diabetes at home and at school. We will get information from your glucose meter and your continuous glucose monitor (if you use one). We will enter your answers and information into a computer.

Can anything bad happen to me? The study does not have any steps that would hurt.

Can anything good happen to me? The study may not help you, but we may learn how to help other kids with diabetes in the future.

Do I have other choices? You do not have to be in the study. No one will be upset if you don't want to do this. If you do want to be in the study, just tell us yes. If you don't want to be in this study, just tell us no. It's up to you.

Will anyone know I am in the study? We may also collect information about you – things like your name, address, if you have gotten sick in the past and other things like that. You might decide that you do not want us to use information about you in our research projects anymore. If that's what you decide, then we will destroy all that information about you and your diabetes health. We'll only use the health information about you that we collected from you in an anonymous way – that means that nobody can know who you are.

What happens if I get hurt? The study does not have any steps that would hurt.

Who can I talk to about the study? (Contact Information)

If you have any questions about the study or any problems to do with the study you can contact the Protocol Director Bruce Buckingham. You can call him at **650-723-5791**. You can also call **Kari Benassi at 650-736-8948**.

If you have questions about the study but want to talk to someone else who is not a part of the study, you can call the Stanford Institutional Review Board (IRB) at (650)-723-5244 or toll free at 1-866-680-2906.

What if I do not want to do this?

Tell your parent or Dr. Buckingham if you don't want to do this study.

Signature

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

YES

NO

Signature of Child

Date

