



# CDSS Children with Down's Syndrome Study

## BUCCAL (MOUTH) SWAB CONSENT FORM

Thank you for reading the information about the study. If you think you would like to help, please read and sign this form. Please initial each box if you agree with the accompanying statement:

1. I have read the attached parent/guardian information sheet and have been given a copy to keep. I have had the opportunity to ask questions about the study and I understand why the research is being done.
2. I understand that my participation in this study is entirely voluntary and that I am free to withdraw my consent at anytime without giving a reason.
3. I am willing to provide 2 buccal samples and for DNA extracted from my samples to be stored and used anonymously for future research projects.
4. I understand that all information I give will be treated confidentially and will not be used or released in a way that I could be identified. I am aware that the data and samples will be used anonymously and so I will not receive routine feedback about the results.

Parent's surname: \_\_\_\_\_ Parent's first name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Child's surname: \_\_\_\_\_ Child's first name: \_\_\_\_\_

Child's date of birth: \_\_\_ / \_\_\_ / \_\_\_