

**OBSERVATIONAL STUDY OF ACTIVATED CLOTTING TIMES IN HEPARINIZED
PEDIATRIC HEMODIALYSIS SUBJECTS**

ASSENT FOR CHILDREN AGE 7-11

We are asking you to allow us to collection information about you in a research database that will contain information about the health of kids, teens and young adults.

Your parent (or the person taking care of you) has given permission for you to be in this database. If you agree to let us keep information about you in this database, we will copy facts from your chart when you come in for hemodialysis. We will copy facts about:

- Your birthday, your weight, your height
- What types of medicine you are taking
- Information about your blood tests.

If you agree to let us keep information about you in this database, you do not have to come for extra doctor visits.

Your records in this study are strictly private. Your name will not be in the research database with the facts from your medical chart. Only a code number will be attached to the facts.

You do not have to be in this study if you do not want to be. You may quit the study at any time. Your doctor will still take care of you in the same way whether you are in the study or not.

This study may not help you at all, but you may be able to help us find out ways to help other kids.

If you have any questions about the study, you should talk to the study doctor or your parents/guardian.

I have been told about the study. I agree to be in this study.

Child's Name(Print)

Child's Signature

Date