Title of Research Study: *Ten Thousand Families Study*

**Investigator Team:** Logan G. Spector, PhD, Heather Nelson, PhD, DeAnn Lazovich, PhD, Jenny Poynter, PhD, Anna Prizment, PhD, Cavan Reilly, PhD and Bharat Thyagarajan, MD, PhD

**Supported By:** Co-sponsored by University of Minnesota Masonic Cancer Center, the Coordinating Center for Biometric Research, and the University of Minnesota Academic Health Center.

**What is medical research?**
Medical research is research that focuses on improving the quality of life and extending the life of those with illnesses. Research consists of making educated guesses called hypotheses about how the world works and testing those hypotheses by collecting data. The goal is to learn new things about our world.

**Why am I being asked to take part in this research study?**
You are being asked to take part in this research study because someone in your family is also participating. Researchers will use the information from your family to learn why some people get disease and others stay healthy.

**What should I know about being in a research study?**
You do not have to be in this study if you do not want to do so. It is up to you if you want to participate, talk to your parents about any questions or concerns you have about the study. You can choose not to take part now and change your mind later if you want. If you decide you do not want to be in this study, no one will be mad at you. You can ask all the questions you want before you decide.

**Why is this research being done?**
In this study, we want to find out more about staying healthy.

**How long will the research last?**
10,000 Families is an on-going study and will continue as long as you and your parents agree.

**What happens if I say “Yes, I want to be in this research”?**
If it is okay with you and you agree to join this study, you will be asked to measure, check or collect the following.

- Measure your height, weight and waist.
- Check your hearing and blood pressure.
- Collect from you some hair, fingernails or toenails.
- Collect from you some saliva (also called spit).
- Measure your hand strength
- Collect from you some urine (also called “pee”)
Is there any way being in this study could be bad for me?
We will ask your one of your parents to complete some questions about your health which could cause you to feel uncomfortable.

What happens to the information collected for the research?
The researchers will share your information, including research study records, to only those people who need to review it. For example, sometimes researchers need to share information with the University or other people that work in research to make sure the researchers are following the rules.

Who can I talk to?
For questions about research appointments, the research study, research results, or other concerns, call the study team at:

<table>
<thead>
<tr>
<th>Researcher Name: Logan G. Spector, PhD</th>
<th>Study Staff (if applicable): Michelle Roesler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number: 612-626-2902</td>
<td>Phone Number: 1-866-434-9879</td>
</tr>
<tr>
<td>Email Address: <a href="mailto:spector@umn.edu">spector@umn.edu</a></td>
<td>Email Address: <a href="mailto:TenKFS@umn.edu">TenKFS@umn.edu</a></td>
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This research has been reviewed and approved by an Institutional Review Board (IRB), a group of people that look at the research plan before it starts. This group is part of the Human Research Protection Program (HRPP). To share concerns privately with the HRPP about your research experience, call the Research Participants’ Advocate Line at 612-625-1650 or go to www.irb.umn.edu/report.html. You are encouraged to contact the HRPP if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team or your parents.
- You have questions about your rights as a research participant.
- You want to get information or provide feedback about this research.
Signature Block for Child Assent

______________________________________________________  __________________    
Signature of child                                      Date

______________________________________________________
Printed name of child

______________________________________________________  __________________ 
Printed name of person obtaining assent             Date

______________________________________________________
Signature of person obtaining assent