

03c

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## RESEARCH CONSENT FORM

Use Plate or Print:

MRN#:

DOB:

Subject's Name:

Gender:

**Protocol Title:** Zika virus during pregnancy

**Principal Investigator:** Dr. minimal risk

This consent form gives you important information about a research study. A research study helps scientists and doctors learn new information to improve medical practice and patient care.

Please read this consent form carefully and take your time making a decision. The first section gives you an overview of the key information you should know about the research study. More detailed information about these topics may be found in the pages that follow.

The form may contain words that you do not understand. Please ask questions about anything you do not understand. We encourage you to talk to others (for example, your friends, family, or other doctors) before you decide to participate in this research study.

### Summary of Important Information

We are asking your child to participate in this research study. Participation in this research study is voluntary. You may choose not to have your child take part in this research study or may choose to leave the research study at any time. Your decision will not impact the clinical care your child receives at [REDACTED]

In this research study we want to learn more about auditory, visual, and social development of infants with mothers infected with Zika virus during pregnancy compared the infants who have not been exposed to Zika virus.

It is important to consider reasons why you would or would not want to participate in this research.

If you decide to join this research study, the following things will happen: We will measure your child's brain activity with an electroencephalography (EEG). A camera will track your baby's eye movements during the assessments performed as part of the EEG. You will also be asked to complete a questionnaire.

The most important potential risks to know about are fatigue and boredom during assessment battery. You may feel uncomfortable answering some questions. You do not need to answer any question that you do not wish to answer.

Your child will not benefit directly from taking part in this research study.

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## RESEARCH CONSENT FORM

MRN: \_\_\_\_\_

Pt Name: \_\_\_\_\_

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It will take you and your child up to 3 hours to complete this single study visit.

The research funds will cover cost associated with the study. We may bill your health insurer for routine items and services you would receive even if you did not take part in this research. You will receive up to \$20 and a toy for your child for the completion of the study.