Acute Flaccid Myelitis (AFM) Biorepository Adult Consent / Parent Permission / Assent Ages 15-17 Years for Nasal Wash Addendum

NOTE: Parents or legal guardians who are giving permission for a child's participation in the research, note that in the sections that follow the word 'you' refers to 'your child'.

Why am I being asked to provide a nasal wash sample?

You are being asked to provide a nasal wash sample instead of a mouth and nose swab because either the swabs used for that collection are not available at this time or you are unable to or refuse to provide a mouth and nose swab. The consent form you signed before continues to apply.

What are the procedures involved?

This sample will be collected from you one time. The sample collection will take place shortly after admission to the hospital. This collection will replace the mouth and nose swab that you consented to before. This sample collection should take about 10 minutes.

The collection will be completed by pouring 15-20mL of lactate ringer solution or sterile saline into a specimen cup. A sterile bulb syringe will be filled with the lactate ringer solution or sterile saline and gently released into your/your child's nostril to collect the nasal specimen.

What are some of the risks and discomforts that may happen to people who are in this Biorepository?

The risks of a nasal wash are minimal. You may feel slightly uncomfortable, but you should not feel any pain.

All attempts will be made to keep your information safe. There is a slight risk that someone could get access to the data we have stored about you. The Centers for Disease Control and Prevention and McKing cannot guarantee that it will be protected.

Participants' Rights:

I have read the above information. I have discussed this Biorepository with the person obtaining consent, been given a chance to ask questions and my questions have been answered to my satisfaction. I agree to take part or have my child take part in this Biorepository and for my or my child's samples to be stored for future use for an indefinite time. I will be given a copy of this signed and dated consent/permission/assent form.

Print Participant Name	
Signature of Participant	Date
Signature of Parent or Guardian if participant is under 18 years old	Date
Print Name of Parent or Guardian	

Telephone number, for future contact

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If the participant is physically	y unable to sign the conser	nt form, please complete the following
l,	, witnessed that	
(witness printed name)		(participant printed name)
was explained this consent f disease, the participant is ph	•	e part in this Biorepository. Due to the progression of the consent form.
Witness Signature	Date	