

Parent/Guardian Information and Consent Form

Interventional Study – Parent/guardian consent.

Hospital Name

Project Title: The National Muscle Disease Bio-databank (NMDB)

Short Name of Project: Biobank

HREC Project Number: 90530

Coordinating Principal Investigators: Professor Catriona McLean and Dr Pete Houweling

Site Principal Investigator: *Site/hospital dependant*

1. Introduction

Thank you for taking the time to read this **Parent/Guardian Information Statement and Consent Form**. We would like to invite your child to participate in the National Muscle Disease Bio-databank (NMDB) which is explained below.

What is an information statement?

This information is to help you to decide whether or not you would like your child to take part in the research. Please read it carefully and ask us any questions about anything that you don't understand.

Before deciding to take part or not, we encourage you to also talk about this with a relative, friend, your child's local doctor and/or treating neurologist.

Important things you need to know.

It is your choice whether or not you take part in the research. You do not have to agree if you do not want to.

If you decide you do not want to take part, it will not affect the treatment and care your child receives.

If you would like your child to take part in the research, please sign the consent form at the end of this information statement. By signing the consent form you are telling us that you:

- understand what you have read;
- had a chance to ask questions and received satisfactory answers; and
- consent for your child to taking part in the research.

We will give you a copy of this information and consent form to keep.

We will not make contact once your child reaches maturity to request consent to continue using their samples and data in this research. You can withdraw your child at any time, see section 7.

2. What is the project about?

We are inviting your child to take part in a project called the National Muscle Disease Bio-databank (referred to as biobank thereafter.)

Biobanks collect and store people's samples, data or clinical information to use for research. If you consent for your child to be part of the biobank we will collect and store their blood (and skin cells, which is optional) as well as data from their medical records to study your child's condition in greater detail.

The knowledge gained from this research will be used to help us understand more about the cause of your child's muscle disease.

3. Why are we asking your child to take part?

We are asking your child to take part in this research project because they have received a diagnosis of a genetic muscle disease.

4. What does participation in this project involve?

If your child takes part in this biobank, we will ask you to collect their medical information, blood test, optional skin biopsy and access to their skin and muscle biopsy (if available). This section gives you more information about this.

a. Medical information

We are asking to collect and store your child's medical information or data including age, sex, diagnosis, length of illness, treatment, imaging data and follow up. This information will be collected by NMDB staff from medical records, through a questionnaire and this is stored on a secure database at MCRI. At the time of blood collection, a NMDB staff member may also ask you a questionnaire about your child's health recently (for example, if they have had a cold or gastrointestinal illness). This is information that may not be recorded in medical records at your treating hospital and is important to know because it could impact testing the blood sample in the laboratory.

b. Blood test

We are asking for a blood test from your child (approximately 1 teaspoon). This will be taken when you come into hospital for visits and will be taken with routine blood collection where possible.

Optional consents

In this project, there are couple of optional parts. These are a skin biopsy and accessing their muscle biopsy, if available. This section explains what these optional things involve. You can say no to these things. If you say no, your child can still do the other parts of the project.

c. First optional consent – accessing your child’s skin biopsy

Your child may have had a skin biopsy done for diagnostic reasons. If so, this tissue gets stored in a relevant pathology department. We are asking to retrieve this biopsy for research.

d. Second optional consent –skin biopsy

We are asking for an optional skin biopsy from your child (2-3 mm section in size). This would be taken at a routine visit or would occur during routine procedure where possible.

e. Third optional consent – accessing your child’s muscle biopsy

Your child may have had a muscle biopsy done for diagnostic reasons. If so, this tissue gets stored in a relevant pathology department. We are asking to retrieve this biopsy for research.

5. What we will do with your child’s samples

Once we have collected your child’s samples, we will analyse your child’s blood, available tissue, genetic analysis and create cell lines. This section gives you more information about what this involves.

a. Analysis of blood, tissue and creation of cell lines

We will use your child’s samples- blood and available tissue- to create what is called a ‘cell line’. A cell line consists of cells from different types of tissue or blood that can be grown in the laboratory. This allows the creation of a continuous supply of material for research purposes and reduces the need to collect further samples. Creating cell lines often involves growing human cells in other species such as mice to provide a proper setting for cells to grow.

Cell lines are used to discover how muscle disease develops and to test new therapies in preclinical models, prior to testing in children. Creating these cell lines means we can study the specific type of cell that is not working properly in a child – for example, their muscle cells.

b. Research genetic analysis

You have a set of genetic instructions that make you who you are. These are your genome. You can think of your genome as your book. Your genome can be broken down into smaller parts called chromosomes. These are the chapters in your book. Smaller still, are genes. These are the sentences in your book. Like a sentence, a gene has a beginning, middle and end. It contains information that shapes you. For example, your genes can determine the colour of your eyes and your blood type.

Each person has about 23,000 gene pairs. Genes are arranged along a chemical substance called DNA. Sometimes a gene message contains a ‘spelling mistake’. This can change the gene’s coded message which is called RNA. This gene change is also called a variation. If this makes the gene not work properly it is known as a pathogenic variant.

Muscle diseases are caused by a change in one or more genes. These conditions may emerge at birth or may appear later in life. Your child would have already received a genetic diagnosis.

The genetic analyses in this study are performed in research laboratories and involves testing a genetic material, including DNA and RNA from your child's sample.

The results of these additional research genetic analyses will not be given to you as the significance of such findings at this time are unclear from a clinical viewpoint.

Table One: What the Project Involves

Part of study	What does this involve?	Is this optional in the project?
Blood test	A blood test from my child which will be taken with routine collection where possible.	No
Medical Information	Collection and storage on a secure database of my child's medical information including age, sex, diagnosis, length of illness, treatment, imaging data and follow up.	No
Skin Biopsy	A skin biopsy 2-3 mm section in size from my child. This would be collected during your child's routine procedures where possible.	Yes
Access to your child's Skin and/or Muscle Biopsy	Accessing your child's skin and or muscle biopsy, if available. It is likely that your child had this done for diagnostic reasons and this tissue would be stored in the relevant pathology department. We are asking to retrieve this biopsy for research if it is available.	Yes

Please note: as part of your child's routine care, your child may have multiple appointments, and sometimes procedures are required. During these visits, we will try to minimise discomfort and additional time needed for sample collection for research.

6. Does my child have to take part in this biobank?

Participation in any research project is voluntary. It is your choice if your child participates in the biobank. You do not have to agree to this.

7. Can your child withdraw?

Your child can stop taking part in this biobank at any time. You just need to tell us so. You do not need to tell us the reason why.

If your child leaves the biobank, we may be able to destroy your child's stored samples and information. However, we will not be able to destroy samples and information already used. This is because the samples and information may already be published, and it may affect the accuracy of the research results.

Cell lines will not be generated immediately. This means that destroying these lines will be possible for up to a month after sample collection. However, once generated it is not possible to destroy cell lines that have been used or shared with other researchers.

8. What are the possible benefits of my child taking part?

Your child may not benefit directly. There may be benefits for future children. This can happen if the research increases our understanding of why children develop genetic muscle disease and we discover new and more effective treatment options.

9. What are the possible risks, side-effects, discomforts and/or inconveniences to my child?

There are no major risks associated with a blood test or skin biopsy. It is possible your child may feel some discomfort. They may feel a sting when the needle is put in their arm to take the blood. We can use a cream to numb the skin before the blood is taken. It is possible there may be some bruising, swelling or bleeding where the needle enters the skin. Some people can feel a little light-headed when blood is taken.

When taking a skin biopsy, your child may also feel a sting when the skin is collected. We can also use a cream or local anaesthetic to numb the skin before the sample is taken. It is possible there may be some bruising, swelling or bleeding where the skin is collected. A bandage will be placed over the site. The bandage will be in place for 1 – 2 days to protect the location from dirt. After this time the area can be washed and kept clean until the area heals. Risks for this procedure include tissue wounds and bruising, bleeding due to insertion of medical tools with sharp edges, formation of subtle scars, and infection and inflammation in the area of the biopsy.

Despite our best efforts to protect your child's information, there is a small chance that your child could be identified by someone outside of the NMDB team. In the unlikely event that this happens, someone from the research team will contact you. If, at any point, you think that your child may have been identified, please let us know.

10. Incidental findings because of additional research genetic analyses.

An incidental finding can occur when a medical test is performed in a patient for a particular purpose, which then identifies an unexpected abnormality that is not related to the initial reason for doing the test. Such findings can be surprising to both patient and doctor.

Genetic analyses may reveal an increased risk of developing a condition that is independent from your child's muscle disease, but cannot predict whether somebody will develop the condition. If we find a clinically relevant change in your child's genes that might be an important risk factor for disease based on current knowledge, you will be contacted by your treating clinician who will arrange a referral to an approved genetic counsellor or geneticist.

Possible risks of being informed of incidental findings include anxiety, other psychological distress, and the possibility of insurance and job discrimination. You may need to inform insurance companies on behalf of your child or future employer, if applicable of such information that is discovered in this project or any possible future projects.

Genetic tests for research

We are doing the genetic tests for research purposes. We will look at your child's genes for features relevant to the research project. **We will not give you the test results.** This is because we do not know how the results impact on your child. This means that the results would not change the way we care for your child.

11. Who is funding the project?

The project is funded by the Medical Research Future Fund (MRFF) – 2021 Chronic Musculoskeletal Conditions in Children and Adolescents Grant Opportunity.

12. What will be done to make sure my child's information is confidential?

Your child's privacy is very important to us and we will make every effort to protect it. Any information we collect that can identify your child will be treated as confidential and clinical information will be stored securely at MCRI. We can only disclose information with your permission, except as required by law.

Samples are kept in a controlled and secure storage facility at the MCRI, housed within the RCH. We will keep your child's samples indefinitely. Your child's samples will be stored in a re-identifiable manner. **Re-identifiable** means that we will remove name, date of birth, address and UR number and this is replaced with a unique study code. Only the researchers who are working on this project will be able to re-identify your child by linking their code number to their name and other personal information.

The following people may access identifiable information/samples collected:

- the Coordinator and national NMDB team including clinicians and scientists; and
- the RCH Human Research Ethics Committee.

To advance science, medicine and public health, we may share your child's **reidentified** data with any current and future funders, research projects, other biobanks, medical journals or data research repositories. Some of these organisations may be located overseas. **Any data that we send overseas is not protected by Australian laws and regulations.** By signing this consent form you are giving us permission to do this. If we share your child's data, we will remove identifying details such as your child's name, date of birth and address and give the data a special code number.

13. Will my child's samples and data be used for Australia-based research only?

It is common for international and interstate researchers to collaborate. In rare diseases such as genetic muscle disease, international collaboration allows bigger sample numbers.

Your child's samples and information will only be used in projects approved by a Human Research Ethics Committee. A legal agreement between the NMDB and research organisation will be signed prior to the transfer of samples and clinical information. This is a written contract that allows the sharing of research materials between two organisations letting the recipient use the samples and clinical information for their own research purposes. The information released to external researchers would be provided in a re-identified manner, as outlined above. **Any sample and/or data that we send overseas is not protected by Australian laws and regulations.**

14. Will I be informed of the results of any research done using my samples?

We will not give you individual results from the research using your child's samples or information. Research updates will be posted on our website, see link: www.nmdb.org.au

If you want to get an annual newsletter on the biobank, please give us your email address. If you are interested in hearing more you can contact the Coordinator.

15. Could the biobank close?

The biobank could close due to insufficient funding. In this case, all your child's information will be put into an archive that will be overseen by NMDB team. Another option may be that your child's data and samples get transferred to another biobank.

When all your child's samples are no longer required, they will be destroyed in a safe manner according to laboratory procedures.

16. Is there any financial benefit from my child participating in this research?

Your child's sample may be used for research that has commercial benefit, for example, the development of new technology. We will not pay you for this.

17. Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC of The Royal Children's Hospital Melbourne.

This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect the interests of people who agree to participate in human research studies.

18. Contact.

If you would like more information about the project or if you need to speak to a member of the research team please contact:

Name	Ms Emily Galea
Position	Research Nurse Coordinator
Telephone	(03) 99366626
Email	info@mnmdb.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Position	<i>Site contact</i>
Telephone	<i>Site contact</i>

In case of a medical emergency, you should call 000 or attend your nearest hospital's emergency department.

Consent Form

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Short Name of Project: Biobank

HREC Project Number: 90530

Coordinating Principal Investigators: Professor Catriona McLean and Dr Pete Houweling

Site Principal Investigator: SITE PI

Site name: SITE NAME

Declaration by Participant

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of the research described in the project.
- I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to NMDB concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.
- I understand the risks I could face because of my involvement in this project.
- I voluntarily consent to take part in this research project.
- I have had an opportunity to ask questions about the project and I am satisfied with the answers I have received.
- I understand that this project has been approved by The Royal Children's Hospital Melbourne Human Research Ethics Committee. I understand that the project and any updates will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007).
- I understand I will receive a copy of this Information Statement and Consent Form.

Consent:

1. I consent for my child's medical information to be collected and stored including age, sex, diagnosis, length of illness, treatment, imaging data and follow up
2. I consent for a blood test from my child (approximately 1 teaspoon) with routine collection where possible

Optional Consent

1. I consent for the NMDB team to access my child's skin biopsy, if available.	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent
2. I consent for you to take a skin biopsy 2-3 mm section from my child which would occur during a routine procedure where possible.	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent
3. I consent for the NMDB team to access my child's muscle biopsy, if available.	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent
4. I consent for the research team to contact me regarding future research applicable to my child.	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Email Address (optional)

Name of Witness to
Parent/Guardian (if applicable)

Witness to Parent/Guardian
Signature (if applicable)

Date

* Witness is not to be the investigator, a member of the study team or their delegate. If an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Researcher: I have explained the project to the parent/guardian who has signed above. I believe that they understand the purpose, extent and possible risks of their child's involvement in this research project.

Research Team Member Name

Research Team Member
Signature

Date

Note: All parties signing the consent section must date their own signature

