EMORY UNIVERSITY/CHILDREN'S HEALTHCARE OF ATLANTA ASSENT FORM FOR MINOR SUBJECTS

Study Title: Studies of Genes Involved in Head and Facial Disorders

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of Medicine

INFORMATION ABOUT THIS STUDY:

What is this study about, and why are you being asked to be in it?

This study is trying to learn about the different possible causes of Cleft Lip and Cleft Palate. We are asking you to be in our study because you or someone in your family has a history of Cleft Lip and/or Cleft Palate.

What will happen if you take part in the study?

To find out why some people have Clefting and others don't, we will collect different kinds of information about you, including taking photographs of your face, collecting information about your health history, and collecting a sample of your saliva (spit). We will also be collecting information about your family, like how many brothers, sisters, aunts and uncles you have, and whether anyone else has a cleft or other medical conditions. Participating in this study is optional, and you do not have to participate in any parts that you do not want to do.

If you agree, we can also collect a blood sample for the study-this is an optional part in the study and you can still complete the whole study without providing this sample. If you agree to let us collect a blood sample, there may be some mild pain from the needle.

Who can you ask if you have questions about this form?

If you have any questions, you can ask someone on the study team at any time. Since you are volunteering to help us with this study, that means you can change your mind about being in the study at any time. You do not have to be in this study if you don't want to, and if you change your mind about wanting to be in the study, just tell someone on the study team.

For subjects 11 to 17 years old: if you agree to be in this study, please sign your name below.

Signature of 11 to 17-year-old Subject	Date	Time

IRB Form: 04082014 Version date: 11/08/2018