



RESEARCH CONSENT FORM [SUBJECT]

Title of Research Study: Congenital Heart Surgeons' Society Studies in Congenital Heart Disease

Investigators:

Dr. Brian W. McCrindle	Division of Cardiology
Dr. William G. Williams	Division of Cardiovascular Surgery
Dr. Christopher Caldarone	Division of Cardiovascular Surgery

Telephone:

416-813-7610
416-813-6419
416-813-7794

Research Team Members:

Susan McIntyre, RN	CHSS Data Center	416-813-7654, ext. 203708
Kristina Kovach, RN	CHSS Data Center	416-813-7654, ext. 201791

Please address all questions to:

CHSS Data Center	Toll Free Line	1-866-477-2477
------------------	----------------	----------------

You are being asked to consider participating in a research study. A research study is a way of gathering information or to answer a question about something that is not well understood. This research study is about the congenital heart disease you have. This consent form explains the purpose of this research study, and gives you all the information about the study, the procedures involved, possible risks and benefits and your rights. Please read this form carefully and ask any questions you may have. If you wish, someone may be available to verbally translate this form into your preferred language. You may take as much time as you wish to decide whether or not to participate. Feel free to discuss it with your friends and family, or your family doctor. Please ask the study staff or one of the Investigators to explain anything you do not understand or would like to know more about. Make sure all your questions are answered before deciding whether to participate in this research study. Participating in this study is your choice (voluntary). You have the right to choose not to participate, or to stop participating in this study at any time.

When you were a baby/child, your parent/guardian signed the consent form for participation in this study. Now you are making your own decisions about continuing in this research study.

Purpose of the Research:

You are being asked to participate in a research study to help us understand more about your heart condition. The Congenital Heart Surgeons' Society (CHSS) Data Center has a registry designed to collect information about patients with congenital heart disease from many centers in the United States and Canada and in South America. Because patients with congenital heart disease may have many different and sometimes rare conditions, compiling information from multiple centers is necessary to find out which factors are associated with better or worse outcomes. The analysis of this patient information

helps doctors offer the best treatment for children with different heart problems. It also helps them better inform parents and patients with respect to the possibilities of their future health outlook.

Description of the Research:

If you participate in this study, information regarding your surgical procedures and hospitalizations will be collected by the CHSS Data Center at The Hospital for Sick Children in Toronto, Ontario, Canada. Information such as your name and address, date of birth, and phone numbers, your diagnosis, physician's name and address, medical and surgical reports, copies of echocardiograms, chest x-rays, exercise tests, nuclear medicine scans, MRI, CT scans and cardiac catheterizations and follow-up health status will be entered into a secure password protected computer database. Once this information is collected and sent to the CHSS Data Center, a unique study identification number will be assigned so that personal health information is not used directly in any further analysis. Videotapes or compact discs of your echocardiograms, nuclear perfusion scan, MRI, and/or CT scans will also be securely forwarded to the Data Center, and de-identified. You will not be required to undergo any special tests or procedures to participate in this study. We will simply collect information about your hospitalizations and surgical procedures and routine follow-up visits.

Upon enrollment and registration into the study, a staff member of the CHSS Data Center will contact you to welcome you into the study and review the study follow-up plan with you. Every year, a member from the CHSS Data Center will contact you to update your contact information and see how you are doing. The study questionnaires that you and your parent (if applicable) will be asked to complete and send back to the CHSS Data Center, or complete over the phone, are related to your health. The questions are about the medications you are receiving, any exercise limitations, and any surgery or procedures done, and your overall quality of life. These should not take longer than 15-20 minutes to complete. In the future, additional questionnaires to assess your functional health status may be added to the annual package. We will let you know in advance of that when this may occur. Your information, along with the information of other participants with the same heart defect from other centers, will be analyzed together, to determine the impact that various patient factors and different treatments have on the overall health status and quality of life of individuals with the same heart defect. The aggregated (combined) results will form the basis for scientific reports, and will be shared regularly at meetings of the CHSS, attended by the world's leading congenital heart surgeons.

If your clinical follow up is at another hospital/institution that is not participating in this study, and we need to obtain some of your medical or surgical follow-up reports/records from that institution, we will contact you to discuss options for this. We may request at that time that you sign a Consent for Release of Medical Information so we can obtain the required information. This would not result in any costs or expenses to you, and it would be entirely up to you whether you decide at that time to provide your consent for that or not.

We would like to continue to follow the patients who participate in this study throughout their lifetime to evaluate long-term outcomes of the heart defect. By agreeing to participate in this study you are giving permission for the investigators/study team members and the CHSS Data Center to contact you annually as mentioned above.

Visit Schedule

There will not be any regularly scheduled visits for the study. Please continue with your regularly scheduled doctor's visits. You will have questionnaires to answer annually throughout your life while you are participating in this study. Your parent may be asked to complete similar study questionnaires as

well.

Potential Harms:

We know of no harm that taking part in this study could cause you. The only potential risks are related to collection and sharing of your health information. Every effort will be made to protect your privacy when participating in the study. There are no consequences if you do not agree to participate in the study.

Potential Discomforts or Inconvenience:

This study only involves the collection and analysis of available clinical information, along with yearly questionnaires, so there are no additional discomforts from participating in this study. The only potential inconvenience associated with participation in this study is the time commitment required to participate, which is only about 15-20 minutes per year.

Potential Benefits:

To Individual Subjects:

The information collected by this study may contribute to the care of individuals in the future who have the same heart condition as yours. The information may also improve the future management of your heart condition. However, you will not benefit directly from participating in this study. Results of the study will not be shared directly with you. However these will be available in the scientific publications resulting from this work.

To Society:

Society in general or patients with a similar heart condition may benefit from the results of this study, as explained above.

Alternatives to Participation:

We would like to assure you that your participation in this research is optional, and should you decide not to participate, your normal clinical care would go on undisturbed.

Confidentiality:

We will respect your privacy. No information about who you are will be given to anyone or be published without your permission, unless required by law. For example, the law could make us give information about you if you have an illness that could spread to others, if you or someone else talks about suicide, or if the court orders us to give them the study papers.

If you decide to participate in this study, the Investigators and study staff and the CHSS Data Center staff will look at your personal health information and collect only the information they need for this study. Personal health information is health information about you that could identify you because it includes information such as your name, address, telephone number, date of birth, new and existing medical records, or the types, dates and results of various tests and procedures. You have the right to access, review and request changes to your personal health information.

SickKids Clinical Research Monitors, employees of the Congenital Heart Surgeons' Society, or the regulator of the study may see your health record to check on the study. By signing this consent form, you agree to let these people look at your records. We will put a copy of this research consent form in your patient health record at SickKids (if applicable) and give you a copy as well.

The Investigators, study staff, the CHSS Data Center and the other people listed above will keep the

information they see or receive about you confidential, to the extent permitted by applicable laws. Even though the risk of identifying you from the study data is very small, it can never be completely eliminated. The Investigators and study staff and the CHSS Data Center will keep any personal health information about you stored in a secure location for 7 years after all study publications are completed and then it will be securely destroyed according to the institutional policy effective at that time. Your permission to use and share the information and data from this study will continue until the research study ends and will not expire. Published study results will not reveal your identity. You have the right to be informed of the results of this study once the entire study is complete.

Study data is health information about you that is collected for the study, but that does not directly identify you. The data produced from this study will also be stored in a secure, locked location. Only members of the research team (and maybe those individuals described above) will have access to the data. This could include external research team members. Any study data about you that is sent outside of the hospital will have a code and will not contain your name or address, or any information that directly identifies you. Study data that is sent outside of the hospital will be used for the research purposes explained in this consent form.

Reimbursement:

Will there be any costs to you?

There is no cost to you for participating in this study.

Will you be paid for taking part in this study?

You will not receive any payments for taking part in this study.

Participation:

Participation in research is voluntary. If you choose to take part in this study you can decide to stop your participation in the study at any time. The care you get will not be affected in any way by whether you take part in this study.

New information that we get while we are doing this study may affect your decision to continue to take part in this study. If this happens, we will tell you about this new information. We will ask you again if you still want to be in the study.

During this study we may create new tests, new medicines, or other things that may be worth some money. Although we may make money from these findings, we cannot give you any of this money now or in the future just because you took part in this study.

You have the right to receive all information that could help you make a decision about participating in this study. You also have the right to ask questions about this study and your rights as a research participant, and to have them answered to your satisfaction, before you make any decision. You also have the right to ask questions and to receive answers throughout the study.

If you become ill or are harmed because of study participation, we will treat you for free. Your signing this consent form does not interfere with your legal rights in any way. The staff of the study, any people who gave money for the study, or the hospital are still responsible, legally and professionally, for what they do.

The Hospital for Sick Children has reviewed this study. If you have questions about your rights as a research participant or any ethical issues related to this study that you wish to discuss with someone not

directly involved with the study, you may call the Research Ethics Manager at 416-813-5718.

Sponsorship:

The Congenital Heart Surgeons' Society and The Hospital for Sick Children are sponsoring this study.

Conflict of Interest:

The Investigators and the other research team members have no conflict of interest to declare. _

Consent:

By signing this form, I agree that:

- 1) You have explained this study to me. You have answered all my questions.
- 2) You have explained the possible harms and benefits (if any) of this study.
- 3) I know what I could do instead of taking part in this study. I understand that I have the right not to take part in the study and the right to stop at any time. My decision about taking part in the study will not affect my health care in any way.
- 4) I am free now, and in the future, to ask questions about the study.
- 5) I have been told that my medical records will be kept private except as described to me.
- 6) I understand that no information about who I am will be given to anyone or be published without first asking my permission.
- 7) I have read and understood pages 1 to 6 of this consent form. I agree, or consent, to take part in this study.

Printed Name of Subject & Age

Signature of Subject & Date

Printed Name of Person who explained consent

Signature of Person who explained consent & Date

Printed Name of Witness (if Subject
does not read English)

Signature of Witness & Date

If you have any questions about this study, please call the Congenital Heart Surgeons' Society (CHSS) Data Center, Toll Free, at 1-866-477-2477.

If you have questions about your rights as a subject in a study or for information on whom to contact in the event of injuries during a study, please call the Research Ethics Manager at 416-813-5718.