

# Columbia University Medical Center Assent Form

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**Attached to Protocol: IRB-AAAA8505**

**Principal Investigator: Jeffrey Bruce (jnb2)**

**IRB Protocol Title: Genetic and Radiographic Analysis of Pilomyxoid Astrocytoma**

**Consent Number: CF-AAAC0788**

Participation Duration: 15

Anticipated Number of Subjects: 50

## Contact

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| <u>Contact</u>   | <u>Title</u>                        | <u>Contact Type</u>    | <u>Numbers</u>          |
|------------------|-------------------------------------|------------------------|-------------------------|
| Ricardo Komotar  | Resident, Neurosurgery              | Co-Investigator        | Telephone: 212-305-4679 |
| Richard Anderson | Assistant Professor of Neurosurgery | Co-Investigator        | Telephone: 2123058101   |
| Jeffrey Bruce    | Professor                           | Principal Investigator | Telephone: 212-305-7346 |

## Research Purpose

The purpose of this study is to examine the genetic mutations in Pilomyxoid Astrocytoma to better understand the molecular events that underly its aggressive clinical course and evaluate this tumors radiographic presentation.

## Information on Research

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This study looks at a type of tumor called Pilomyxoid Astrocytoma (PMA). This study will try to find out what makes your tumor different. You will be asked to sign a form asking your permission to be in this study. A piece of your tumor will be studied that has already been stored and is not needed for your care. We will also study radiographic images of your tumor. You will not be asked to do anything else.

## Risks

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There are no risks associated with participation in this study.

## Benefits

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There is no direct benefit to being in this study. Finding out about your tumor, however, can improve the treatment for other children with this same tumor.



**Compensation** \_\_\_\_\_

You will not be paid for participation in this study.

**Additional Costs** \_\_\_\_\_

There are no additional costs associated with participation in this study.

**Research Related Injuries** \_\_\_\_\_

There is no risk associated with participation in this study.

**Confidentiality** \_\_\_\_\_

Once we collect your tissue from the lab we will remove all the personal information so no one except the research team will be able to know that it is your tissue. The tissue and your information will be locked in a special drawer and no one except the research team will be able to see this information.

**Voluntary Participation** \_\_\_\_\_

You do not have to be in the study. If you do not want to be in this study no one will be mad at you. If you don't want to be in the study this will not change anything. You may chose not to be in the study, or if you agree to be in the study, you may stop at any time. If you decide not to participate or to stop being in the study you will not be punished.


**Signature**

*Principal Investigator*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

*Child*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

|                                |            |   |
|--------------------------------|------------|---|
| <b>Columbia University IRB</b> |            |  |
| IRB Approval Date:             | 10/06/2006 |   |
| for use until:                 | 10/05/2007 |   |