



ASSENT FORM

Advanced integrative oncology treatment for adult and pediatric patients with cancer: A prospective outcomes study

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We are working on a research study called “Advanced integrative oncology treatment for adult and pediatric patients with cancer: A prospective outcomes study” because we want to know more about **how well our patients do when they receive care at the AIMS Institute**. Because you are receiving treatment for your cancer, we would like your help, if you want to participate.

If you participate in this study, we will ask you to give us permission to collect information about your treatment from your AIMS Institute medical chart.

There aren’t any dangers involved in participating in this study. We will be analyzing the information that we collect.

We will not give you any money or prizes to participate in this study, but what we learn might help to begin to understand the longer-term effects on health for cancer patients who receive treatment (known as integrative oncology outpatient care) from the AIMS Institute.

We will be writing down your name, address, and telephone number when we do this study. We will also look at your treatment information. We will label the information about you with a number, not your name. Only we and staff who have received special research training and have sign the AIMS Institute research subject confidentiality agreement form will see this information. We will keep it all safely in a database with password protection. If we write a paper about this information, your name or any other information directly related to you will not be in it. We will not tell anyone else about anything you say or do in this study unless we learn that you plan to hurt yourself or someone else.

We are asking your parent or guardian’s permission for you to participate in this study. But **you get to decide whether you want to be involved**. If you decide to participate, you can stop at any time, and no one will be upset with you. You also won’t get in trouble with your teachers or anyone at school if you decide to stop.

If you want to find out what we learn in this study, you or your parent can contact Dr. TR Eparwa at (206) 446-3521 or eparwat@seattleu.edu.



If you understand everything that we have written or said and would like to be part of this study, please sign your name below, and write the date. If you start to do this study and become worried about anything, you can call Dr. Michelle DuBois, Chair of the Seattle University Institutional Review Board at (206) 296-2585.

Participant's Signature **Date**

Researcher's Signature Date

Copy to Participant

Original signed copy uploaded to study database

Documentation of Assent Process (Research staff use only)

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Printed name of clinic investigator or
designee for assent process

Signature of clinic investigator or
designee for assent process

Date