

Approval Date: August 10, 2015

Title: CSF Hypocretin Levels in Various Sleep Disorders

1. What will happen to me in this study?

You (and your doctor) have provided a sample of your spinal fluid for us to test in our laboratory. You are being asked to give us permission to keep your sample stored in our laboratory in case we may want to do more studies using your sample. If you want us to continue to keep your sample we ask that you sign this form.

2. Can anything bad happen to me?

There is no risk or additional participation being asked of you.

3. Can anything good happen to me?

If you give us permission to keep your sample, we may in the future have a better understanding of your sleep problem or may be able to help others who have sleep problems like you.

4. Do I have other choices?

You may choose not to sign this form and we will then destroy or throw away your sample.

5. Will anyone know I am in the study?

Your participation will be kept secret and will not be made publicly known. If we learn something important about you that may help your health we will contact you and or your parents to let you know.

6. What happens if I get hurt?

There is no payment for giving us permission to keep your sample. There will also be no charge.

7. Who can I talk to about the study?

You may contact Mali Einen, the research coordinator at (650) 721-7550, if you have any questions or concerns about **anything** regarding this study or our keeping your samples for possible future research.

8. What if I do not want to do this?

If you do not want us to keep your sample, do not sign and return this form. If you do sign the form and later change your mind, you may always withdraw your permission to keep your sample.

SIGNATURE CLAUSE

If you are not happy about this study or if you have any questions, please contact the Stanford Institutional Review Board (IRB) to speak to someone other than your doctor at (650)-723-5244 or toll free at 1-866-680-2906 or write to Stanford IRB, Stanford University, 3000 El Camino Real, Five Palo Alto Square, 4th Floor, Palo Alto, CA 94306.

Do you understand this study and are you willing to participate?

☐ YES

☐ NO

Signature of Child

Date