



TITLE: Repository for Developmental Disorders and Related Conditions

PRINCIPAL INVESTIGATOR: Brian J. O’Roak, PhD (503) 494-2971

CO-INVESTIGATORS: Eric Fombonne, MD (503) 494-7448
Trevor A. Hall, PsyD, ABPdN (503) 494-2134
Kory Keller, MS, CGC (503) 494-2775
Colin Roberts, MD (503) 494-5856
Carter Wray, MD (503) 494-9113
Jason Coryell, MD (503) 494-9113
Nathan Selden, MD, PhD (503) 494-4314
Marjorie Grafe, MD, PhD, (503) 494-2321

STUDY COORDINATOR: Hadley Morotti, M.S. (503) 494-2971

This research study was explained to me. I know how it may or may not help me. I also know that this study will help doctors learn more about how children develop and why they might have a hard time communicating, expressing how they feel, or learning new things. To be sure that I know what is going to happen, the investigator will ask me the following:

1. To explain what I will do and what will happen in this study.
2. If I have any questions or want to know anything else about this study or (insert name of condition).
3. To explain some of the good and bad things that might happen to me if I enter this study.

I have thought about being a part of this study. I have asked and received answers to my questions. I agree to be in this study. I know that I don’t have to agree to be in the study. Even though I agree to be in it now, I know I may feel differently later on and can ask to stop being in the study. I know that I may talk with my parents and/or doctor about not being in this study at any time.

Name/signature: _____

Date: _____