Large Granular Lymphocyte (LGL) Leukemia Registry

Collection of Samples and Health Information for Genetic Research and Specimen Banking

Consent of an Adult to Be in a Research Study

Parents' or Guardians' Permission for Your Child to Be in a Research Study

Agreement of a Child to Be in a Research Study

In this form "you" means a person 18 years of age or older who is being asked to volunteer to participate in this study.

In this form "you" means the child in the study *and* the parent or guardian.

- ✓ If you are the parent or guardian, you are being asked to give permission for your child to be in this study.

In this form "you" means the child in the study *and* the parent or guardian.

- ✓ If you are the parent or guardian, you are being asked to give permission for your child to be in this study.
- ✓ If you are the child, you are being asked if you agree to be in this study.

In this form "we" means the researchers and staff involved in running this study at the University of Virginia.

In this form "you" means the person (your child) who is being asked to be in this study. As the parent or guardian, you are being asked to give permission for your child to be in this study.

Participant's Name_____

Principal Investigator:	Thomas P. Loughran, Jr., MD University of Virginia 1300 Jefferson Park Ave. West Complex, Sixth Floor, Room 6171E Charlottesville, VA 22903 Telephone: 434-243-9926
Sponsor:	University of Virginia

What is the Purpose of this Form?

This form will help you decide if you want to be in the research study. You need to be informed about the study before you can decide if you want to be in it. You should have all your questions answered before you give your permission, or consent, to be in the study. This is called an "informed consent" form because it informs you

before you sign to give your consent. We encourage you to discuss this with your family and friends. If you do want to be in the study, you will need to sign this form to give your consent.

You will get your own copy of this signed form for your records.

Why is this research being done?

The purpose of this study is to create a registry for patients with known or suspected Large Granular Lymphocyte (LGL) Leukemia. **The two main goals of the Registry are:**

1) To collect information on patients with known or suspected LGL Leukemia. This information includes your symptoms, types of treatment you have received or are receiving, your medical history, information on any family history of cancer or autoimmune disease, and results from tests done on your blood and/or tissue. Studying this information will help researchers to understand the nature of LGL Leukemia.
2) To collect and store blood and tissue from patients with known or suspected LGL Leukemia. These samples will be used in future research to learn more about LGL Leukemia and to hopefully develop new diagnostic tests, therapies, or treatments for LGL Leukemia.

You are being asked to be in this study because you are suspected of having or have been diagnosed with LGL Leukemia. This is a rare form of Leukemia for which there is currently no standard therapy.

Note: You will not directly benefit from study participation.

What Sort of Research Will Be Done On Your Sample(s)?

You are being asked to provide samples of your blood and/or tissue to be used for research. Along with specimens, researchers may need to collect some health information about you. Combining information from the specimen with information from your health records may be useful for this research. For this research, the following types of information could be included: diagnosis, treatments, results from blood tests or tissue biopsies, imaging reports, demographic information, and family history of cancer or autoimmune disease.

If you agree to participate in this research, specimens collected from you, will be added to a research specimen bank. The purpose of a specimen bank is to process and store samples until researchers need them for future research. The long-term goals for the samples collected in this bank will be research on LGL Leukemia. Is it not possible, however, to list every research project that will include the samples because we cannot predict all of the research questions that will be important over the coming years. As we learn more, new research questions and new types of research may be done.

In addition, if you agree, we plan to do genetic research on the DNA in your specimen sample. DNA is the material that makes up your genes. All living things are made of cells. Genes are the part of cells that contain the instructions which tell our bodies how to grow and work and determine physical characteristics such as hair and eye color. Genes are passed from parent to child.

Though the main purpose of this study is to collect and store samples for future research, one form of testing will be performed on samples at the time they are collected for the registry. This testing is to look for certain types of mutations in the cancer cells called STAT mutations. These mutations are not heritable, meaning they cannot be passed from you to your children. As a participant in this study, you will have the option of learning this result if you so choose.

HLA Testing
A sample of your blood may be tested in the future for HLA, a form of genetic testing. HLA is a special protein commonly found in the body, especially in white blood cells. There are many different types of HLA. Because of this HLA testing is very good at figuring out things like if a person is a good match as an organ donor, how likely a person is to develop a disease or condition, or paternity testing (being able to figure out the biological parents of a person.)

HLA Test Results
The results of any HLA testing will not be put in your medical records, and will not be shared with you, your health care provider or anyone else outside of the study team.

How Many People Will Take Part in This Study?

Up to 2500 people will be in this study. You do not have to be seen at UVA to enroll in the Registry; participation may be discussed, and consent obtained in a conversation over the phone between you and study personnel. Specimens may be obtained either at UVA or from a visit to your local treating physician's office.

What will you have to do to give samples for research?

Collection of blood for Research:

- If you are an adult, approximately 70 ml (about 14 teaspoons or two and a half ounces) of blood will be collected from a vein in your arm or from a port if one is already in place. The amount of blood collected will not exceed 70 ml in an 8 week period of time and will not occur more frequently than 2 times per week. Blood will not be collected more than 6 times per year. Blood will continue to be collected so long as you grant the study team permission to do so. Blood collection will mostly take place at the time clinically required blood draws are necessary as part of your clinical care.
- If you are a minor, blood will be drawn in accordance with the NIH guidelines for pediatric patients based on weight and will not exceed 3mL/kg (about ¼ teaspoon per pound) in a single blood draw or 8 week period. Blood will not be collected more than 6 times per year or more than twice per week if you are above age 6, and only once if you are between 2 and 6 years of age.

Blood will be collected either at UVA or ordered by your treating physician and obtained at a lab near your home. If we coordinate having research blood drawn outside of UVA and shipped back to our lab for processing and storage we provide:

- all collection and shipping materials
- instructions for the draw

- coverage for shipping expenses

Every effort will be made to coordinate our request for blood at the same time you are having clinical labs drawn as part of your routine care. By drawing the sample at the same time there is no need for an additional needle stick or additional visit to the clinic. However, there may be times that we would request for you to provide blood when no visit with your physician is scheduled. Should you agree to provide blood at such a time we would compensate you for that visit.

Collection of Saliva, Hair Snip, or Buccal (Cheek) Swab for Research:

- A saliva sample is obtained by spitting into a sterile collection tube. This sample may be requested during a clinic visit or separately by having a collection kit mailed to your home or treating physician's office. If a kit is mailed to you the study will provide all return mailing material and cover all shipping costs.
- A buccal swab is taken by swabbing the insides of the cheeks with a cotton applicator. The buccal swabbing will be performed by experienced physicians or staff at the University of Virginia Cancer Center or at your treating physician's office.
- A hair sample is obtained by cutting a small portion of your hair. This can be collected either at a clinic visit or when you go in for a routine haircut. Clippings from a haircut can be collected and returned in a plastic bag provided by the study team.

A saliva sample is routinely requested once from every participant. Hair clips and buccal swabs are performed on a case by case basis.

Collection of Tissue for Research:
If at any point following consent you are scheduled for a tissue collection procedure as part of your clinical care we may request from your treating physician any leftover or discarded sample. Such procedures would include bone marrow biopsy and aspiration, splenectomy, liver biopsy, or other tissue biopsy deemed relevant for future research.

All samples collected as part of this study will be processed by Dr. Loughran's laboratory at the University of Virginia and stored for future research purposes.

Collection of Health Information for Research:

- You will be asked to complete a questionnaire about your demographics (name, address, phone numbers, etc), risk factors and any family history of cancer or autoimmune disease.
- You or your treating physician will be asked to complete a questionnaire on your medical condition (laboratory results, symptoms, treatment, medical history). This form will be completed annually. You or your physician will also be asked to complete a form for their contact information.
- Information about your medical condition (diagnosis, treatment, disease status) will be recorded from your medical record.
- Results from tests performed on your blood or tissue, which are collected and analyzed as part of your routine care or other research studies you may be participating in, will also be recorded for this research.

How Will Your Sample(s) Be Labeled?

Your sample(s) will be labeled with your name, registry ID #, and the date it was received. It will be stored in Dr. Loughran's locked LGL Leukemia laboratory facility at UVA until such time that the sample is used up or no longer felt to be appropriate for use in research studies.
Your health information will be labeled with your name and registry ID # and will be stored in secured cabinets within the laboratory. A registry database containing information related to the collection and processing of your samples will be housed on a secure server within the Loughran laboratory at UVA.

Which researchers can use your samples and what information about you can they have?

Your sample may be shared with researchers at the University of Virginia and at other institutions. Dr. Loughran will not give your name to other researchers who want to use your sample, but will only give them information like your age and what disease/condition you have. Those who would see the information would include researchers and the others listed under "Who will see your private information?" section of this consent document.

Specimens shared outside of the University of Virginia will be labeled with a code number only. The list that matches your name with the code number will be kept in a password-protected database within Dr. Loughran's laboratory.

Some of the people who receive your information may not have to follow the privacy laws and may share or release your information because they do not have to follow the privacy laws.

Genome Wide Association Studies

We will also perform a whole genome analysis on your DNA sample. Usually researchers study just a few areas of your genetic code that are linked to a disease or condition. In whole genome studies, all or most of your genes are analyzed and used by researchers to study links only with the disease LGL Leukemia.

In order to allow researchers to share test results, the National Institutes of Health (NIH) and other central repositories have developed special data (information) banks that collect the results of whole genome studies. The NIH or other data banks will store your genetic information and give it to other researchers to do more studies. We do not think that there will be further risks to your privacy and confidentiality by sharing your whole genome analysis with these databanks; however, we cannot predict how genetic information will be used in the future. The information will be sent with only a code number attached. Your name or other identifiable information will never be given to them. There are many safeguards in place to protect your information while it is stored in repositories and used for research.

There is a small chance that your genetic information could be shared with others by mistake. In the unlikely event that your information was mistakenly shared, and if it were linked to a medical condition, this could affect your ability to get or keep some kinds of insurance. If family members were to see the information it could also affect them. This could hurt family relationships. It is possible that you could be identified from

the sample if someone has another sample from you. The two samples could be matched to then identify you from the sample given for this study.

When these tests are done any left-over sample will be thrown away or they will be de-identified. This means there is no information that could be used by anyone to determine who the sample came from.

What Are the Benefits To Donating Your Sample(s) For Genetic Research and Specimen Banking?

The genetic research and/or specimen banking that is done with your sample is not meant to help you. But, doctors hope that in the future it will help other people who have this disease or other conditions.

Will You Find Out the Results of the Research on Your Sample(s) for Genetic Research and Specimen Banking?

As part of the research planned for your sample(s) STAT mutation testing may be performed. This testing is done on a sample of your DNA that is coded and sent to a commercial lab for analysis. You will have the option to receive or not receive your results.

Please check one of the options below to indicate your choice:

_____ I do want to receive my STAT mutation results.

_____ I do NOT want to receive my STAT mutation results

The letter containing your testing results will be shared with you via secure email from the UVA Health System. If you would prefer to have a paper copy sent by mail, please inform the person discussing this consent with you and they will make the necessary arrangements.

If you do decide to receive your results the following information is important for you to know:

STAT mutations are not heritable so there is no concern that you may pass a mutation on to your children. You are being offered the option of finding out your results because some recent scientific publications have suggested a positive result for a STAT3 mutation may indicate a better response to treatment with Methotrexate.

You and your treating physician will receive a letter stating if the test results were positive or negative. You will only get information that might be useful to you and your doctor. You will be told the results once testing has been completed and the results entered into the LGL Leukemia Registry.

STAT mutation testing performed on Registry samples is done on a research basis outside of a clinically validated laboratory (such as a hospital lab). Results from this testing will not be added to your medical record

unless your treating physician includes them in the visit dictation. You should discuss the results with your treating physician to decide if they might impact decisions on your treatment.

What Are The Risks of Donating Your Sample(s) For This Study?

Risks to Privacy from Genetic Research and Specimen Banking:
The main risk of allowing us to store and use your samples and certain limited health information for research is a potential loss of privacy. One of the risks to you is the release of information from your health records. The University of Virginia will do its best to protect your records so that facts about you and your health will be kept private. The chance that information identifying you will be given to someone else is very small. However, we cannot *guarantee* it will be safe. To further safeguard your privacy, information obtained from future research will not be placed in your medical record.

Your doctor will explain the risks of the routine medical procedure you are having. In some cases, your doctor will ask you to sign a separate clinical consent form that explains the risks of the procedure. Allowing your samples to be placed in the bank for future research will not change the risks of the medical procedure itself.

Because everyone has unique DNA, it is also possible, although very unlikely, that someone could identify you through your DNA if they have another sample of your DNA.

Risks of having your blood drawn:
Having blood drawn may cause:

- ✓ pain (common),
- ✓ a bruise (sometimes),
- ✓ fainting or passing out (not very often), and
- ✓ infection (rare).

If the people doing the study are exposed to your blood or body fluids in a way that could give them a disease, your blood may be tested. The tests might check for:

- ✓ hepatitis,
- ✓ HIV (Human Immunodeficiency Virus), or
- ✓ other infections.

You and the person exposed would be told the test results. However, your name would be kept private. If your test is positive for hepatitis or HIV, we will tell you the results and help you understand what the results mean for you.

What If You Change Your Mind About Donating Your Sample(s) for Genetic Research and Specimen Banking?

If you decide now that your sample(s) can be kept for genetic research and specimen banking, and later change your mind, you can simply withdraw the sample(s) at that time. To withdraw you will need to write to the Principal Investigator listed on the first page of this form. We will then destroy any of your tissue that has not already been used. However, if your sample has been used in genetic research, the information that we

have learned will remain in the study, even if you withdraw. Unless you withdraw from the study, permission for researchers to use your tissue and to use and share your private health information for this study will never end.

What are your other choices if you do not join this study?

The only other choice is not to be in this study.
If you are a patient at UVa your usual care will not be affected if you decide not to participate in this study.
If you are an employee of UVa your job will not be affected if you decide not to participate in this study.

Will You Be Paid For Donating Your Sample(s) for Genetic Research and Specimen Banking?

You will not be paid to donate your sample(s) for genetic research and specimen banking.

The only exception for this will be if we are unable to coordinate a request from a visit when you are already having clinical labs drawn. If we request and you agree to provide a sample from a draw only performed for this research study you will be reimbursed up to $100 to cover any costs that you are charged for this blood draw.

You should get your reimbursement about 3-4 weeks after you submit your receipt(s). The money you earn may be reported to the IRS as taxable income.

Your blood samples may be used for the commercial development of new diagnostic tests, therapies or treatments for this disease. There are no plans to reimburse you in the event that new products developed from the use of your blood samples have commercial value.

Will Donating Your Sample(s) Cost You Any Money?

There is no cost to you to have your samples collected or used for genetic research and specimen banking.

A visit to the University of Virginia Cancer Center for a consultation with Dr. Loughran is separate from participation in this study. Standard of care costs associated with a clinical visit to the University of Virginia will be charged to your insurance provider or to you. Clinical tests performed during such a visit are part of your clinical care to determine diagnosis and aid in treatment decisions. If for any reason these costs are not covered by your insurance they will be your responsibility.

How will your personal information be shared?

The UVa researchers are asking for your permission to gather, use and share information about you for this study. If you decide not to give your permission, you cannot be in this study, but you can continue to receive regular medical care at UVA.

If you sign this form, we may collect any or all of the following information about you:

- Personal information such as name, address, date of birth

- Social Security number ONLY IF you are being paid to be in this study
- Your health information. If required for this study, this may include a review of your medical records and test results from before, during and after the study from any of your doctors or health care providers (if required for this study this may include mental health care records, substance abuse records, and/or HIV/AIDS records)
- Tissue or blood samples if you agree to provide them for future research
- Tissue or blood samples if you agree to provide them for genetic testing

Who will see your private information?

- The researchers to make sure they observe the effects of the study and understand its results
- People or committees that oversee the study to make sure it is conducted correctly
- People who pay for the study, including insurance companies
- Tax reporting offices (if you are paid for being in the study)
- People who evaluate study results, which can include sponsors that make the drug or device being studied, researchers at other sites conducting the same study, and government agencies that provide oversight such as the Food and Drug Administration (FDA)

Some of the people outside of UVa who will see your information may not have to follow the same privacy laws that we follow. They may release your information to others, and it may no longer be protected by those laws.

The information collected from you might be published in a medical journal. This would be done in a way that protects your privacy. No one will be able to find out from the article that you were in the study.

What if you sign the form but then decide you don't want your private information shared?
You can change your mind at any time. Your permission does not end unless you cancel it. To cancel it, please send a letter to the researchers listed on this form. Then you will no longer be in the study. No more information about you will be added to the database after your cancellation. The researchers will still use information about you that was collected before you ended your participation. If you do not agree to have your tissue or blood samples and information stored for use in future research studies you can still continue to receive regular medical care at UVA. No matter what you decide, it will not affect your care.
UVa researchers will do everything possible to protect your privacy. However, they will need to share your information with people who may not have to follow the rules described above. Some of those people may be allowed to share/release your information without your permission.

We have asked the federal government to issue a Certificate of Confidentiality to help protect the privacy of your study records. If we receive a subpoena or court order demanding information from the study records that would identify you, we will use the Certificate to resist the demand. However, we will not use it in the following cases.

- We may report to authorities and provide study information about you where there is a danger that you may harm yourself or others, or if there is evidence of probable child or elder abuse or neglect.
- In addition, the Certificate does not prevent government authorities who oversee research from reviewing this study.

This Certificate does not mean that the government either approves or disapproves of this study. It just helps protect your privacy. This Certificate will not protect your information if you give permission for your insurance company, employer or another person to see your records. It also may not protect your information if you tell other people that you are in this study.

What if you are hurt in this study?

If you are hurt as a result of being in this study, there are no plans to pay you for medical expenses, lost wages, disability, or discomfort. The charges for any medical treatment you receive will be billed to your insurance. You will be responsible for any amount your insurance does not cover. You do not give up any legal rights, such as seeking compensation for injury, by signing this form.

Please contact the person listed below to:

- Learn more about the study
- Ask about the way the study is done or about treatments
- Report an illness, a research related injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Report a concern about the study

Thomas P. Loughran, Jr., MD
Cancer Center, School of Medicine
University of Virginia
1300 Jefferson Park Ave.
West Complex, Sixth Floor, Room 6171E
Charlottesville, VA 22903 Telephone: 434-243-9926

What if you have a concern about a study?

You may also report a concern about a study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.

University of Virginia Institutional Review Board for Health Sciences Research
PO Box 800483
Charlottesville, Virginia 22908 Telephone: 434-924-2620

When you call or write about a concern, please give as much information as you can. Include the name of the study leader, the IRB-HSR Number (at the top of this form), and details about the problem. This will help officials look into your concern. When reporting a concern, you do not have to give your name.

Genetic Testing and Specimen Banking Options:

You do not have to participate and agree for specimens to be collected for genetic research and specimen banking in order to be in the main part of this study. No matter what you decide to do, your decision will not affect your medical care. You can tell us your choice by placing your initials in one of the options below:

GENETIC RESEARCH:
You do not have to agree for specimens to be collected for genetic research (STAT mutation) in order to be in the main part of this study (specimen banking). No matter what you decide to do, your decision will not affect your medical care. You can tell us your choice by placing your initials in one of the options below (the check mark indicates that you understand the options and either accept or decline to participate in that portion of the study)

Please check an option below to indicate your choice:

___ YES **Your sample(s) may be used for genetic research**

___ NO **Your sample(s) may not be used for genetic research**

SPECIMEN BANKING:
Please check an option below to indicate your choice:

___ YES **Your sample(s) may be saved for future research and stored in a specimen bank.**

___ NO **Your sample(s) may not be saved for future research and stored in a specimen bank.**

What does your signature mean?

Before you sign this form, please ask questions about any part of this study that is not clear to you. When you sign below, you are saying you understand the information we gave you about the study and in this form.

Consent From Adult

_____	_____	_____
PARTICIPANT (SIGNATURE)	PARTICIPANT (PRINT)	DATE

To be completed by participant if 18 years of age or older.

If an interpreter is involved in the consent process because the potential subject does not speak English well or at all, the participant should NOT sign on the line above – leave this line blank. Instead, the participant should sign the Short Form written in the language they can understand.

Person Obtaining Consent

By signing below you confirm that you have fully explained this study to the potential subject, allowed them time to read the consent or have the consent read to them, and have answered all their questions.

_____	_____	_____
PERSON OBTAINING CONSENT (SIGNATURE)	PERSON OBTAINING CONSENT (PRINT)	DATE

Interpreter

By signing below, you confirm that the study has been fully explained to the potential subject in a language they understand and have answered all their questions.

_____	_____	_____
INTERPRETER (SIGNATURE)	INTERPRETER (PRINT)	DATE

If an interpreter was used to explain this study to a potential subject, the interpreter must sign and date the line above.

Assent from Child

Consent from the parent/guardian MUST be obtained before approaching the child for their assent.

_____	_____	_____
PARTICIPANT (SIGNATURE)	PARTICIPANT (PRINT)	DATE

To be completed for any child age 15 or above.

Person Obtaining Assent of the Child

Consent from the parent/guardian MUST be obtained before approaching the child for their assent.

By signing below, you confirm that the study has been explained to the child (less than 18 years of age), all questions have been answered and the child has voluntarily agreed to participate.

_____	_____	_____
PERSON OBTAINING ASSENT (SIGNATURE)	PERSON OBTAINING ASSENT (PRINT)	DATE

Interpreter

By signing below you confirm that the study has been fully explained to the potential subject in a language they understand and have answered all their questions.

_____	_____	_____
INTERPRETER (SIGNATURE)	INTERPRETER (PRINT)	DATE

If an interpreter was used to explain this study to a potential subject who is a child, the interpreter must sign and date the line above.

Parental/ Guardian Permission

By signing below you confirm you have the legal authority to sign for this child.

_____	_____	_____
PARENT/GUARDIAN (SIGNATURE)	PARENT/GUARDIAN (PRINT NAME)	DATE

If an interpreter is involved in the consent process because the parent/guardian does not speak English well or at all, the parent/guardian should NOT sign on the line(s) above – leave the line(s) above blank. Instead, the parent/guardian should sign the Short Form written in the language they can understand.

Person Obtaining Parental/Guardian Permission

By signing below you confirm that you have fully explained this study to the parent/guardian, allowed them time to read the consent or have the consent read to them, and have answered all their questions.

_____	_____	_____
PERSON OBTAINING PARENTAL/ GUARDIAN PERMISSION (SIGNATURE)	PERSON OBTAINING PARENTAL/GUARDIAN PERMISSION (PRINT NAME)	DATE

Signature from Impartial Witness

If this consent form is read to the subject because the subject is blind or illiterate, an impartial witness not affiliated with the research or study doctor must be present for the consenting process and sign the following statement. The subject may place an X on the Participant Signature line above.

I agree the information in this informed consent form was presented orally in my presence to the **identified individual(s)** who has had the opportunity to ask any questions he/she had about the study. I also agree that the **identified individual(s)** freely gave their informed consent to participate in this trial.

Please indicate with check box the identified individual(s):

☐ Subject
☐ Parent(s)/Guardian of the subject

_____	_____	_____
IMPARTIAL WITNESS (SIGNATURE)	IMPARTIAL WITNESS (PRINT)	DATE