#### WHAT WILL HAPPEN TO THE INFORMATION COLLECTED?

When you join the study you will be given a study ID. Researchers will use this ID to organize your data, instead of your name or other information that can identify you. The information collected will be stored in a secure electronic database.

#### ARE THERE ANY COSTS FOR PARTICIPATING?

There is no cost for participating. We will also reimburse you for transportation.

#### HOW CAN YOU GET INVOLVED?

If you are interested in getting more information about the study or have any questions, please contact:

## **Natasha Causton**

Holland Bloorview Kids Rehabilitation Hospital

ncauston@hollandbloorview.ca (416) 425-6220 x3606

Contacting us does not obligate you or your child to participate in the study.



# CHILDHOOD **CEREBRAL PALSY** INTEGRATED **NEUROSCIENCE** DISCOVERY NETWORK "CP-NET"

**CLINICAL DATABASE PLATFORMS- PHASE 3** 

### FOR MORE INFORMATION. PLEASE VISIT:

CPNET.CANCHILD.CA









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CP-NET IS DESIGNED TO THEIR FAMILIES.

#### WHO CAN PARTICIPATE?

Children 2 years of age or older who have CP and live in Ontario are invited to participate.

## WHY SHOULD YOU CONSIDER **PARTICIPATING?**

Participation will allow researchers to study the causesof CP, improve diagnosisand developtreatments and interventions. Hopefully, we can find ways to prevent CP and improve carein the future.



## WHAT DOES THE STUDY INVOLVE?

Families will have 2 options for participation.

Option A (1 Visit):

Participants will provide written consent for the study, complete questionnaires and give saliva sample(s). Total Time Commitment:

1.5-2 hours

Option B (2 Visits):

During visit 1, participantswill complete all tasks outlined in Option 1 (1.5-2 hours).

During visit 2, participants will complete additional questionnaires (1/2 hour). Visit 2 occurs anywhere from 1 to 4 years after your first visit.

Total Time Commitment: 2-2.5 hours

## WHAT WILL MY FAMILY DO DURING THE STUDY?

#### **OPTION A - 1 VISIT**



Written Consent





**Ouestionnaires** 



**Provide** Permission to **Obtain Past Brain Scans** 



Saliva Sample(s)



**Provide** Permission to **Obtain Health** Records

# OPTION B- 2 VISITS



**Written Consent** 



Interview



**Ouestionnaires** 



**Provide Permission** to Obtain Past **Brain Scans** 



Saliva Sample(s)



**Provide Permission** to Obtain Health Records



1 to 4 years after your first visit

