

# Information Sheet and Assent Form 12 to 17 year old children

**Study Title**: COVID-19 Cohort Study (CCS): Study of the epidemiology of COVID-19 in healthcare workers and their households

**Study Investigator**: Dr. Samira Mubareka, Microbiology & Infectious Diseases, (416) 480-6100 ext 4823 **Funders**: Weston Foundation, Physicians' Services Inc., Canadian Institutes of Health Research, & COVID-19 Immunity Task Force

You are being asked to consider participating in a research study. A research study is a way of gathering information on a treatment, procedure or medical device or to answer a question about something that is not well understood. This form explains the purpose of this research study, provides information about the study, the tests and procedures involved, possible risks and benefits, and the rights of participants.

Please ask the study staff or one of the investigator(s) to clarify anything you do not understand or would like to know more about. Make sure all your questions are answered to your satisfaction before deciding whether to participate in this research study. If you wish, someone may be available to verbally translate this form into your preferred language.

Participating in this study is your choice (voluntary). You have the right to choose not to participate or to stop participating in this study at any time.

### What is the purpose of the study?

To better understand how many people develop COVID-19 infection, how often infection is spread between members of a household, and whether the microbes or cells in our noses that protect or make people more prone to infection.

## Who is being asked to participate?

People living with someone taking part in the study and who sleep in the same home 3 or more nights per week for most weeks of the study.

# What do I need to do if I decide to participate?

If you agree to join this study, you will be asked to do two things.

First, if someone in your home gets COVID-19 or a cold, we ask that you or your parents swab your nose and put a small piece of paper in your nose to collect germs and cells. We ask that you do this 4 or 5 times (about every second day).

Second, we ask that you self-collect blood samples (with your parent's help) to see if your body made special cells to attack COVID-19. You have several choices about this option. You can agree to be in the study and not collect any blood samples. You can decide to collect several samples (about twice per year) or you can also agree to collect the blood samples now and change your mind later.

Collecting the blood is similar to how people with diabetes check their blood sugar levels: you prick your finger and put blood drops on a special card. The pin prick will cause pain for a short time and you may have some bruising. If you don't get enough blood the first time, some people need to prick a second finger.

## **How long will the study last?**

The study will last until the end of this new virus spread in Ontario. This means that the study will be at least 4 months and may last until December 1, 2023.

You can stop taking part in the study at any time by telling your parent.

#### Are there any risks to participating in the study?

There are no physical risks to participating in the study. Having a nasal swab or pledget in your nose is uncomfortable.

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If you agree to collect blood samples, it can cause a small amount of pain or bruising where you prick your finger.

Taking part in the study is up to you. If you do not want to continue, you can quit at any time by letting your parent know.

## **Privacy**

Your data will be kept secret. You will not be named in any reports. The information collected for the study will be kept on secure servers using encryption software (so only the study staff can find and understand it) for up to 120 days after the end of the study (see https://simplesurvey.com/canadian-hosted-survey-software). It will then be moved to the Mount Sinai Hospital server. It will be kept there for 10 years before being destroyed.

No personal information will be shared outside the study except as required by law.

ASSENT (check all that you agree with)  ☐ I have read this information sheet ☐ I understand what is being asked of me ☐ I agree to be a part of the study
OPTIONAL:  ☐ I agree to collect blood samples when I join and then about every 6 months or ☐ I do not want to collect blood samples

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