

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

Study investigator: Dr. Allison McGeer, Microbiology & Infectious Diseases, (416) 586-3123

Funders: Weston Foundation, Physicians' Services Inc., & COVID-19 Immunity Task Force

Why do you want to talk to me?

You are being asked to take part in a research study we are doing. A research study is a way to learn more about something. We would like to find out more about COVID-19. We want to know how often COVID-19 is spread between people who live together and whether there are germs or cells in our noses that protect us from COVID-19.

You are being asked to join the study because your mom or dad has joined. If you join too, it will help us learn more about how COVID-19 spreads in people's homes.

If I join the study, what will I be asked to do?

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. There are lots of choices you can make. You can agree to be in the study and not collect any blood samples. You can choose to collect several samples (about twice per year) or you can also say yes now but decide later that you do not want to anymore.

If you agree to collect blood samples for the study, you will be asked to self-collect blood samples a) when you join and then every 6 months after that, and b) 30 days if/after you test positive for COVID-19.

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.

The study will last for at least 4 months and may last until September 30, 2023.

Will any part of the study hurt?

The swabs and small pieces of paper that go in your nose might bother you but they will not hurt your nose. If you agree to collect blood samples, it can cause a small amount of pain or bruising where you prick your finger.

Will the study help me?

No, the study will not help you. It may help other people if we learn how to stop the spread of COVID-19.

Do I have to join the study?

You do not have to join this study. It is up to you. You can say okay now and change your mind later. All you have to do is tell us you want to stop. No one will be mad at you if you don't want to be in the study or if you join the study and change your mind later and stop. We are talking to your parents about the study and you should talk to them about it too.

What if I have questions?

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. Just tell the researcher that you have a question.

If you have any questions about this study please feel free to ask Brenda Coleman at (416) 294-6383.

ONLINE ONLY:

The UHN research ethics board requires a verbal consent from all participants

Please call (416) 294-6383 between 8AM and 6PM to review this form with a research staff

If others in your home agree to participate, we can consent them during the same call or at another time.

ASSENT

- I have read this information sheet
- I understand what is being asked of me
- I agree to be a part of the study OR I do not want to join this study

OPTIONAL:

- I agree to collect blood samples when I join and then every 6 months and 30 days if/after I test positive for COVID-19
- or I do not want to collect blood samples

Study Participant's Name

Date

My signature below means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person

Signature

Date Obtaining Consent

The assent form was read to the participant. The person signing below attests that the study as set out in this form was accurately explained to, and has had any questions answered.

Print Name of Witness

Signature

Date

Relationship to Participant