**Consent for Continued Participation in a Research Study after Age of Majority**

You are currently taking part in a research study. Permission for you to take part in this research study was given by one of your parents or guardian. To enable your participation, the investigators had to also be given permission by your parents or guardian to have access to your private health information. This is referred to as an Authorization. Now that you have reached 18 years of age, we are asking for your consent for continued participation in this research study. You are now legally considered an adult and therefore you can decide whether you wish to continue your participation in this research study.

The original signed consent form, and if applicable an assent form that you signed as a child, and the authorization form are attached for your review. We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

You may contact Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Investigator in charge of this study, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for more information about this study. If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact the Director of the Research Protections Office at the University of Vermont at 802-656-5040.

Statement of Consent:

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice to your present and/or future care.

**You agree to continued participation in this study and you understand that you will receive a signed copy of this form.**

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**Signature of Subject Date**

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**Name of Subject Printed**

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**Signature of Principal Investigator or Designee Date**

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**Name of Principal Investigator or Designee Printed**

**Name of Principal Investigator:**

**Address:**

**Telephone Number:**