

Title: Vancouver Pediatric Palpitation Score

Participant Information and Assent Form
for Children 7-13 years old

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INVITATION

I am being invited to take part in a research study because I have experienced palpitations (where my heart beat feels strange, fast or very strong). Palpitations can happen for lots of reasons, for example if the person is sick or worried, but sometimes they are because of a problem with their heartbeat. It is important to know the cause of palpitations because that is how doctors know which treatment to use.

We want to create a scoring system to help doctors try to work out if palpitations are due to a problem with the patient's heart, before they have lots of tests done.

No one will make me be part of the study. Even if I agree now to be part of the study, I can change my mind later. No one will be upset with me if I choose not to be part of this study.

I will read this form so that I will understand the study and if I wish to participate I will be asked to write my name on this form. My parents/legal guardians will be asked to write their name on a different form, which I will also write my name on.

WHO IS DOING THE STUDY?

Dr. Sanatani, from BC Children's Hospital is doing this study. He, or his research team, will answer my questions about this study. I can also call them at 604-875-2345 ext. 7955.

WHY ARE WE DOING THIS STUDY?

Lots of children go to the hospital because they have palpitations. It is usually difficult to find out quickly why the person has palpitations, so lots of children have to visit a heart doctor for tests. It is important to know why children feel palpitations so doctors can help.

We want to make it easier for doctors to find out why someone is having palpitations without doing tests. We will collect information about lots of children with palpitations and try to find things that children with an irregular heartbeat have in common. We will put these together to create a system to help doctors.

WHAT WILL HAPPEN IN THIS STUDY?

If I want to be in this study, I do not have to do anything different to the normal things that doctors do for children with palpitations. Information about me will be put into a computer. Information like my name and birthday will not be written down in the computer, so no one will know it is about me. Information about lots of other children with palpitations will be put in the computer too. We will look at all of the information together to try to find things that children with irregular heartbeat have in common.

CAN ANYTHING BAD HAPPEN TO ME?

There are no other bad things that could happen to me. We will try our hardest to keep your medical information private.

CAN ANYTHING GOOD HAPPEN TO ME?

No; but we hope the things we learn from the study will help other children with palpitations in the future.

WHO WILL KNOW I AM IN THE STUDY?

Only my doctors and their team will know I am in it. When the study is finished, the doctors will write a report about what is learned. This report will not say my name or that I was in the study. My parents/legal guardians and I do not have to tell anyone I am in the study if we don't want to.

DO MY PARENTS/LEGAL GUARDIANS KNOW ABOUT THIS?

My parents/legal guardians know about this project, and they agree that I can be in it. They will have to write their name on a form like this to let me be in the study. I will talk this over with them before I decide. I do not have to be in the study even if my parents/legal guardians want me to be.

DO I HAVE TO BE IN THIS STUDY?

I do not have to be in this study. No one will be upset with me if I don't want to do this. If I don't want to be in this study I just have to tell the research staff. I can say yes now and change my mind later. It is up to me. It will not make any difference to my health care if I decide to say no to the study.

WHEN DO I DECIDE?

I have as much time as I want to decide to be part of the study. I have also been asked to talk with my parents/legal guardians before I make a decision.

If I **do not** want to be part of this study I will tell the study doctor or his team or my parents. No one will be upset with me if I don't take part in the study.

If I **do** want to be part of this study I will print my name and write my name and date on the lines below.

If I agree to participate by signing this form, I will receive a signed copy of this form to keep.

Name _____

Signature _____ Date _____