

**Assent Form (Child)  
Pilot Study**

I, \_\_\_\_\_, agree to take part in a research study about bone health and growth.

I do not have to be in the study if I do not want to be. I have the right to leave the study at any time without giving any reason, and without penalty.

I will take my zinc supplements every day according to the directions. I will bring my unused supplements to the researcher after 1 month so that she may count how many I missed. Too much zinc in the diet can cause stomach aches, dizziness and/or nausea. If I feel any of these symptoms, I will report them to the researcher. I will also be asked to answer questions about how the supplements are affecting me.

Before entering the study:

- I will receive a sexual maturation self-assessment form in the mail that I will complete in private at home. I will compare my own appearance to drawings of growth stages and circle the drawing that looks most like me.
- I will have my height measured against a wall and my weight measured on a scale.
- If I complete these measures listed above but do not qualify for the study, I will receive \$10.
- If any of these procedures cause me to be uncomfortable, I may skip those procedures and any information about me will not be shared with anyone else.

At the beginning of the study and 1 month later:

- A trained nurse will take a blood sample from my arm.
- I will provide a urine sample in a private bathroom.
- I will have my height measured against a wall and my weight measured on a scale.
- My parent and I will write down what I eat during two weekdays and one weekend day.
- I will answer questions about my physical activity.
- If I complete these measures listed above, I will receive \$25 at the beginning of the study and \$50 after 1 month.
- I may experience hunger before the blood and urine collection, but I will receive a snack once the tests have been completed.
- I may experience a bruise under my skin after the blood draw, which should disappear within a few days.
- If any of these procedures or questions asked of me cause me to be uncomfortable, I may skip those procedures/questions and any information about me will not be shared with anyone else.

At the beginning of the study, I will have pictures taken of my bones. During one set of pictures I will lie on a table for approximately 30 minutes. I will take short breaks between the different pictures that are taken. During another set of pictures, I will place my leg in the circular part of a machine for about 10 minutes. During the last set of pictures, I will place my arm on a box for about 5 minutes. These pictures provide a small amount of radiation, similar to the X-ray pictures taken at the dentist's office. If any of these procedures or questions cause me to be uncomfortable, I may skip those procedures/questions and any information about me will not be shared with anyone else.

If I have any questions or concerns, I can always call the researcher, Dr. Richard Lewis at the following number: 542-4901.

Sincerely,

Emma Laing, PhD, RD, LD  
Department of Foods and Nutrition  
University of Georgia  
279 Dawson Hall

University of Georgia  
Institutional Review Board  
Approved: 1-29-08  
Expires 1-24-09

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I understand the project described above. My questions have been answered and I agree to participate in this project. I have received a copy of this form.

\_\_\_\_\_  
Signature of the Participant/Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address [IRB@uga.edu](mailto:IRB@uga.edu).