**Study Overview Template:**

**Biorepository**

You or your child are being asked to take part in this research study because you have XXX.

The purpose of this study is to collect and store data and samples, such as blood and saliva, for future research (about XXX). The future research will include genetic testing. You will not receive results from any of the tests that are performed as part of future research studies.

If you agree to take part, you will need to give a blood or saliva samples once. We will also review your medical records. The information from your medical record will be collected once a year (Or other frequency).

Your data and samples will be shared with other researchers at CHOP as well as researchers at other institutions or for profit companies. Before sharing your data or samples, all information that can identify you will be removed. These researchers, who use your samples for future research, will not know who you are.

The main risks from this study are related to bleeding or infection from the blood draw and risks related to a possibility of a breach of confidentiality of your samples and data. Every precaution will be taken to secure your personal information to ensure confidentiality.

You will not benefit directly from taking part in this study.

If there is anything in this form you do not understand, please ask questions. Please take your time. You do not have to take part in this study if you do not want to. If you take part, you can leave the study at any time. If you do not choose to take part in this study, you can discuss treatment options with your doctor. You may also be eligible for a different research study (only if applicable).

Please see below for additional details about the study.