**Study Overview Template:**

**Minimal Risk:**

You or your child are being asked to take part in this research study because you have XXXX. *Briefly include the major reasons why the subject is being approached to participate. For example, “…you have been diagnosed with sickle cell disease and are scheduled to have an MRI.”*

This is a research study to learn more about how XXXX effects/relates to/changes XXXX.

You will be asked to come to CHOP for X study visit(s) that will (each) last about XX hours. If you take part, you will be asked to (*this listing of procedures should be limited to the most burdensome and/or main procedures that a reasonable person would want to know*):

* Complete cognitive function tests and questionnaires;
* Have a research blood draw;
* Perform computer tasks.

The main risks of this study are from the cognitive assessments. These include fatigue and embarrassment.

You will/not benefit directly from participating in this study (if there are direct benefits, describe them).

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.