

Declaration of Permission

The 15q13.3 microdeletion project

Principle Investigators

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The undersigned Mr/Mrs:

Date of birth:

Address:

Gives permission to the researchers of the Department of Human Genetics at the Radboud University Nijmegen Medical Centre, the Netherlands

To use medical data: YES NO (please circle your choice)

To use photographs: YES NO (please circle your choice)

To use blood, DNA and/or EBV cell lines: YES NO (please circle your choice)

For the 15q13.3 microdeletion project.

The permission concerns:

Name:

Date of Birth:

Address:

City/Country:

I've been informed about the research project comprehensively. I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. Information about the project is available on the Internet at: www.15q13.net.

Accepted and approved:

Parent or Guardian Signature: Date:

The person who may be contacted about the research is: Bregje W.M. van Bon. E-mail: info@15q13.net. Department of Human Genetics Radboud University Nijmegen Medical Centre P.O. Box 9101, 6500 HB Nijmegen, the Netherlands Tel: +31 (0) 24 361 3946, Fax: +31 (0) 24 366 8751