



Research Sample Repository for Hematopoietic Cell Transplantation, Other Cellular Therapies and Marrow Toxic Injuries

**Minor Recipient Assent Form (7 to 11 years of age)
SARS-CoV-2 Vaccine Response Study**

You are being invited to be in a research project with the CIBMTR. In this project we want to find out how well the SARS-CoV-2 (COVID-19) vaccine works after you have a transplant or cellular therapy. We're asking you to participate because you are receiving the COVID-19 vaccine after being treated with transplant or cell therapy. You can talk to your parents about this project. If you have questions, ask your parents or your doctor.

If you want to be in this research project, someone will take a small amount of your blood (up to 3.3 tablespoons) at five or six total time-points (depending on your vaccine dose schedule) before and after receiving the vaccine. Your blood samples will be used to do research.

The blood samples will come from a vein in your arm and may hurt a little. You may bleed or get a bruise. Only trained people will draw your blood.

Letting the CIBMTR use your blood sample for research projects will not help you.

You don't have to let the CIBMTR use your blood. Your doctors and nurses will not be mad at you if you decide not to let the CIBMTR use your blood.

Sign your name on the line below if you agree to give a small amount of blood for research. Remember, you can change your mind at any time. You can keep a copy of this form at home.

Minor Assent

Minor's Signature

Date

Print Name of Minor

Age of Minor