

Study Title: Determining the Natural and “Unnatural” History of Anomalous Aortic Origin of a Coronary Artery with Interarterial or Intraconal or Intramural Course (AAOCA): Establishing a Multi-Institutional Registry

[Insert Date]

To the Parent/Guardian of _____,
[Indicate Child’s Name]

As we spoke about on the telephone, you and your child are being invited to take part in a registry for children and young adults with anomalous aortic origin of a coronary artery (AAOCA) because your child has been diagnosed with AAOCA. Using the information in this registry, we hope this research study will help us gain information to help people with this condition in the future.

Enclosed you will find 2 copies of the written consent form [and 2 copies of the written assent form]. Please read the consent form over carefully, sign and date it [and have your child read and sign and date the assent form], and return the original consent form [and assent form] in the postage-paid envelope enclosed. Please keep the other copy [copies] for yourself [and your child].

Thank you for your participation in this research study. If you have any further questions, please feel free to contact my study coordinator, Susan McIntyre, at 416-813-7654 ext. 203708, or toll free, at 1-866-477-2477.

Sincerely yours,

Dr. Christopher A. Caldarone
Principal Investigator,
The Hospital for Sick Children