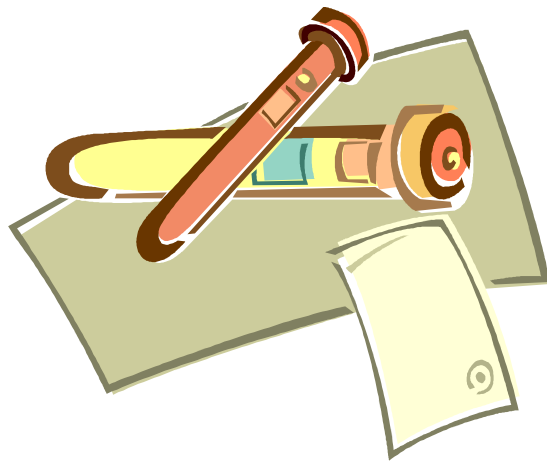


REQUEST FOR SAMPLE DRAW | WALSH LAB



This individual noted below and/or their parent/guardian has consented to participation in the research protocol **05-05-076R** *Genetics of Epilepsy and Cognitive Disorders at Boston Children's Hospital*.

- Please draw blood using **ACD-A yellow top tubes**
- **TUBES MUST BE LABELED WITH THE PARTICIPANT NAME AND DATE OF BIRTH**
- Maintain at room temperature after the draw
- Please do not draw blood or send samples on Fridays, as the lab is not able to receive packages over the weekend

- For children under age 2 years, please draw **8 cc** blood
- For children age 2 years and older, and adults, please draw 2 tubes for a total of **16 cc** blood, placing the first 8 cc in one tube and the remainder in the second tube
- *For some participants there may also be a request for 5-10cc in one Red Top tube for serum*

Research Participant Information

NAME:

DATE OF BIRTH: / /
Month Day Year

Once drawn, place the samples and a copy of this sheet and other paperwork (please refer to enrollment check list) in FedEx packaging and send at room temperature by overnight FedEx using the return label provided to:

Attention: Genetic Counselor
The Walsh Laboratory, Boston Children's Hospital
3 Blackfan Street, CLS-15064
Boston, MA 02115 USA

If you have questions, please contact the study coordinators:

Phone: 1-617-919-4795

Email: walshresearch@childrens.harvard.edu