

**Partners HealthCare System  
Research Assent Form**

**Assent Template  
Version Date: March 2013**

Subject Identification
------------------------

Protocol Title: MGH COVID-19 Household Contacts at Risk (CAR) Study  
Principal/Overall Investigator: Jason Harris, Richlle Charles, Regina LaRocque  
Site Principal Investigator:  
Description of Subject Population: Individuals with COVID-19 and their household contacts

We are doctors from **Massachusetts General Hospital**. We are trying to learn more about a disease called COVID-19. COVID-19 is caused by a tiny germ. Some people get sick from it and some people don't.

To learn more about COVID-19, we are asking you and other children to take part in a research study. The results of the study will help us understand how COVID-19 goes from person to person. We hope it will help keep people from getting it.

If you agree, you will be asked to answer some questions about how you feel. Your parent/guardian will also poke your fingertip to get some blood drops. The study will last for less than one week.

You might feel a pinch when your fingertip gets poked with the needle. It might also leave a bruise (black and blue spot) where the needle poked your finger. You might also have a dry mouth for a few minutes after spitting into the small container.

You might get bored or tired while answering questions. You do not have to answer any of the questions we ask if you do not want to or if they make you feel uncomfortable.

The information collected about you during this study will be kept safely locked up, and nobody will know who you are except the people doing the research. If we write an article about what we learn from the study, we will not use your name.

Before you decide to take part in this study, we will answer any questions you have. You can also talk to your mom or dad, or your doctor. You do not have to be in this study, it is okay to say no. If you decide to be in this study, you can change your mind and stop being part of it at any time.

You will be given a copy of this form to keep for yourself.

If you decide to be in the study, please sign your name below.

**Partners HealthCare System  
Research Assent Form**

Subject Identification
------------------------

**Assent Template**  
**Version Date: March 2013**

---

Subject's Signature

Date

Assent Form Version: 1 Created 06-23-2020