

**The Saban Research Institute**



**ChildrensHospitalLosAngeles**

*International Leader in Pediatrics*

March 3, 2011

Dear Participants:

Thank you for your interest in our Ewing's Sarcoma research study! Your participation will hopefully lead to a greater understanding of this disease. This is a part of a larger study being conducted at Childrens Hospital Los Angeles entitled Neural Tumor Registry. The specific aim of the study is to investigate the genetic predisposition to neural tumors, including Ewing's Sarcoma. We are asking for individuals diagnosed with Ewing's Sarcoma, both parents, and siblings to each donate 1 tube of blood.

This letter will guide you through the process of returning the enclosed forms and collecting the blood samples.

1. Each participant 18 years or older **MUST read, sign, and return a Consent/Permission/Assent to Participate in a Research Study**. If the individual is unable to sign or is under 18 years old, a parent, guardian or person with power of attorney must sign for him or her.
2. Each participant between 7 and 13 years old **MUST read, sign, and return an Assent to Participate in a Research Study**, in addition to the consent form.
3. Each participant **MUST read, sign, and return an Authorization Form**.
4. Each participant **MUST read, sign, and return an Experimental Subject's Bill of Rights**.
5. Please return the signed forms to Childrens Hospital Los Angeles in the self-addressed stamped envelope, or they can be included in the plastic bag when the blood samples are mailed in. **We cannot process your blood samples until we receive your signatures**.
6. You may call your primary care physician to schedule an appointment to have your blood drawn. The contents of the white box include all supplies necessary to have each participant's blood drawn. Take this box to your appointment. Each participant should have their blood collected in 1 yellow top acid citrate dextrose (ACD) tube. Each family member may have their blood drawn at a different time. It is not necessary for the entire family to send in their blood together.
7. If the person drawing blood will not waive the phlebotomy fee, please show the letter that is included with this packet, instructing the phlebotomist to bill the study.
8. Label each tube with the name and birth date of the blood donor. If the blood donor has or has had hepatitis or HIV, please indicate so on the label.

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9. To meet Federal Express requirements, please do the following:
  - a. Return the tubes to the Styrofoam packet and seal with rubber band or tape.
  - b. Return the Styrofoam packet to the white box.
  - c. Wrap the box in absorbent material, such as paper towel.
  - d. Place the box inside the Fed Ex plastic bag included in this packet.
  - e. Attach the completed Fed Ex US Airbill on the outside of the plastic bag.
  
10. Please return the samples via Federal Express. Do NOT send the samples via the US Post Office Express Mail Service. To locate the nearest Federal Express for pick-up, please call 1-800-GoFedEx (1-800-463-3339).

**IMPORTANT:** We need to receive blood samples within 72 hours of the time they are drawn. Please do NOT centrifuge, freeze, refrigerate, or expose blood to heat. You do NOT need to fast before having the sample drawn. Deliveries cannot be received on Saturdays, Sundays or federal holidays.

We thank you for participating in our study. If you have any questions, please do not hesitate to contact Dr. Shahab Asgharzadeh at (323) 361-6371 or email [shahab@chla.usc.edu](mailto:shahab@chla.usc.edu). You may also contact Melissa Warden at (323) 361-5642 or email [mwarden@chla.usc.edu](mailto:mwarden@chla.usc.edu) with any questions or problems.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shahab Asgharzadeh'. The signature is fluid and cursive.

Shahab Asgharzadeh, M.D.  
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Division of Hematology-Oncology  
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To Whom It May Concern:

The person bringing you this set of blood tubes is participating in a research study at Childrens Hospital Los Angeles. We respectfully ask that you donate your phlebotomy fee so our research dollars can go further. If that is not possible, please send your bill to me at the address below.

Thank you very much.

A handwritten signature in black ink, appearing to read 'Shahab Asgharzadeh'. The signature is fluid and cursive.

Shahab Asgharzadeh, M.D.  
Assistant Professor  
Neural Tumors Program  
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