

## SUBJECT ASSENT FORM

**Protocol Number:** MS305

**Study Title:** Increlex™ (mecasermin [rDNA origin] injection) Growth Forum Database – IGFD Registry: A Patient Registry for Monitoring Long-term Safety and Efficacy of Increlex™

**Sponsor:** Tercica, Inc.

**Principal Investigator:** Dr. Melissa Carlucci  
**Address:** 1100 Lake Hearn Drive  
Suite #350  
Atlanta, Georgia 30342

**Phone Number:** (404) 255-0015  
**After Hours:** (770) 985-7790

I have a physical condition that is keeping me from growing normally. Because of this, I will be getting a medicine to help me grow. I am also being asked to decide if I want to be in this research study that will keep information about me while I am taking the medicine to help me grow.

I know that to be in the study, I will share my health facts and records with people from the study group. These facts will be about:

- My regular visits to check my health and growth
- Taking the medicine (Increlex™) that my doctor prescribes
- How I feel while getting the medicine

I asked and got answers to my questions. I know that I can ask questions about this study at any time. I know that I can stop being in the study at anytime without anyone being mad at me. My doctor will still take care of me.

I want to be in the study at this time.

Child's printed name: \_\_\_\_\_

Child's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained the research at a level that is understandable by the child and believe that the child understands what is expected during the study.

Signature of person obtaining assent: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_