

CHILD INFORMATION SHEET AND ASSENT FORM

Study Title: MiSight® Analysis of Progression (MAP) Study
Protocol #: MIST-403
Study Investigator: Prof. James Loughman_____

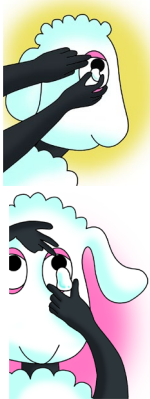
What is the study about?

Shortsighted people cannot clearly see objects that are far from them and so they wear glasses or contact lenses to help them. We want to see whether wearing a special type of contact lens, will help to stop shortsightedness from getting worse. Since you need help for shortsightedness, we are asking you if you would like to wear that special type of contact lenses in this study.

Other children between the ages of 7 and 11 years old from different parts of the world will also take part in this study.

What will I have to do if I want to be in this study?

If the eye doctor says you can take part in this study and you decide that you want to take part, then the eye doctor will look at your eyes and, with the help of your parents, you will answer some questions about your eyes.



The eye doctor will check your eyes and then put new contact lenses in your eyes and you will be able to see normally.

We will also show you, and your parents, how to put on and take out the contact lenses. You will need to wear your/study contact lenses during the day and take them out and throw them away before you go to sleep.

You should not wear your/study contact lenses when you go to sleep as this could hurt your eyes. It is very important that you do what the eye doctor and your parents tell you when wearing your study contact lenses, to make sure we take good care of your eyes. If you accidentally fall asleep in your study contact lenses, or your eyes hurt, feel watery or sticky, look red or you can't see things properly, you should tell your parents straight away so they can tell the eye doctor who can help you.



You will be also asked to visit the eye doctor about few times a year for the next 3 years after taking home your/study contact lenses so the eye doctor can check your eyes.

The eye doctor will need to put drops in your eyes, and things may look bright and it may be hard to read for a little while, but things will go back to normal by the next day. The drops won't hurt you. At one of the visits the investigator will ask if they can collect some of your spit. If they can, you will be asked to spit into a special collection pot.



If you decide to take part, the new contact lenses are fitted just for you. Do not give them to anyone else to wear, play with or touch.



Your parents are allowed to put the lenses on and take them out for you if you need help.

Do I have to take part?

No you do not have to take part if you don't want to and you will not get into trouble from anyone if you say no. Even if you say yes now, it will be fine if you change your mind and say no later on.

What are the good things about this study?

You will be able to see clearly without wearing your glasses or as good as with your contact lenses.

Can any not-so-good things happen in this study?

You may notice slight shadows around things that you look at when you first wear the contact lenses, but the shadows shouldn't be very noticeable after you've been wearing the contact lenses for about a week.

Some other not so good things might happen wearing contact lenses:



Sometimes you may be able to feel the contact lenses on your eyes



Sometimes your eyes may feel watery or sticky



Sometimes your eyes may look red



Sometimes things may look very bright



Sometimes you may not be able to see properly.

If you notice anything unusual or out of the ordinary with your eyes or contact lenses, you should tell your parents straight away so they can tell the eye doctor who can help you.

ASSENT FORM

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Voluntary Participation:

1. I know what this study is about. I have asked all the questions that I had and I am happy with the answers from my parents and the eye doctor
2. I know that I am free to say no now and I will also be free to say no later if I do not want to wear the contact lenses or be in the study anymore.

***Yes, I want to take part in this study**

***No, I do not want to take part in this study**

**(Insert ✓ where applicable)*

Your name (Participant) Date Your Signature

Name of person explaining consent Date Signature

Name of Investigator Date Signature