

**RANDOMIZED TRIAL TO EVALUATE THE EFFICACY OF A SMALL VOLUME
TOPICAL OPHTHALMIC SPRAY FOR PUPILLARY DILATION IN CHILDREN**

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Intervention:	MydCombi® (Eyenovia, Inc., New York City, NY)

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

ASSENT TO BE IN A STUDY ABOUT EYE DROPS AND SPRAYS

For children 7-12 years old

Why are we meeting with you?

We want to tell you about something we are doing called a research study. A research study is when doctors collect a lot of information to learn more about something. Dr. Oatts and some other doctors are doing a study to learn more about an eye drop spray for children. After we tell you about it, we will ask if you'd like to be in this study or not.

Why are we doing this study?

We want to find out how well an eye drop spray called MydCombi is to help get medication into your eyes. So, we are getting information from lots of boys and girls like you.

In the whole study, there will be about 50 children (0 to 17 years old) and 50 adults (18 years old and older) in this study from UCSF.

What will happen to you if you are in this study?

The study happens in the clinic and the doctor will give you eye drops in both eyes but use the eye drop spray on one of the eyes to see if it makes a difference in how your eyes respond to the eye drops. After this, you will be done with the study.

Will this study hurt?

No, the eye drop spray does not change the way eye drops feel.

Will you get better if you are in this study?

No, this study won't make you feel better or get well. But the doctors might find out something that will help other children like you later.

Do you have any questions?

You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

Do you have to be in this study? No, you don't. No one will be mad at you if you don't want to do this. If you don't want to be in this study, just tell us. Or if you do want to be in the study, tell us that. And, remember, you can say yes now and change your mind later. It's up to you.

If you don't want to be in this study, just tell us.

If you want to be in this study, just tell us.
The doctor will give you a copy of this form to keep.

SIGNATURE OF PERSON CONDUCTING ASSENT DISCUSSION

I have explained the study to _____ (*print name of child here*) in language he/she can understand, and the child has agreed to be in the study.

Signature of Person Conducting Assent Discussion

Date

Signature of Person Conducting Assent Discussion (*Print*)