

Participant User Guide

Register for an Account

- Step 1: Select the appropriate Account Type. If you need more information to help you choose, click "Not sure? Help me choose".
 - If you have a diagnosis of an SCN8A gene mutation select **Participant Account**.
 - If you are entering information for someone else who has an SCN8A gene mutation or you have an SCN8A gene mutation and are also entering information for yourself), select Caregiver Account.
 - If you are entering information for an SCN8A gene mutation patient who has passed away, select **Caregiver Account**.

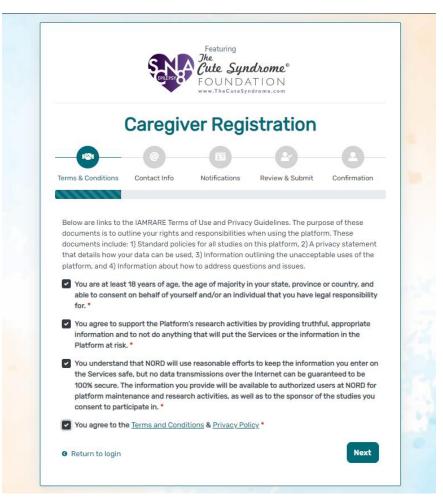


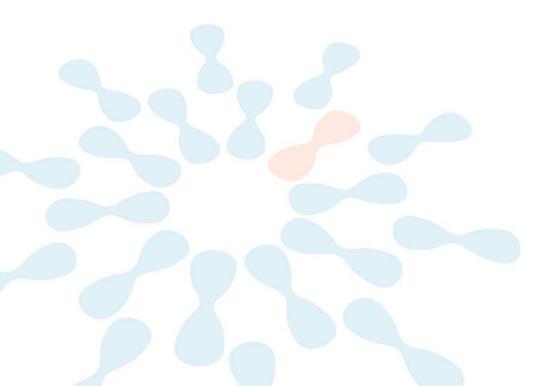
1779 MASSACHUSETTS AVENUE NW, SUITE 500 WASHINGTON, DC 20036 T 202-588-5700 • F 202-588-5701 55 KENOSIA AVENUE DANBURY, CT 06810 T 203-744-0100 • F 203-263-9938 1900 CROWN COLONY DRIVE, SUITE 310 QUINCY, MA 02169 T 617-249-7300 • F 617-249-7301

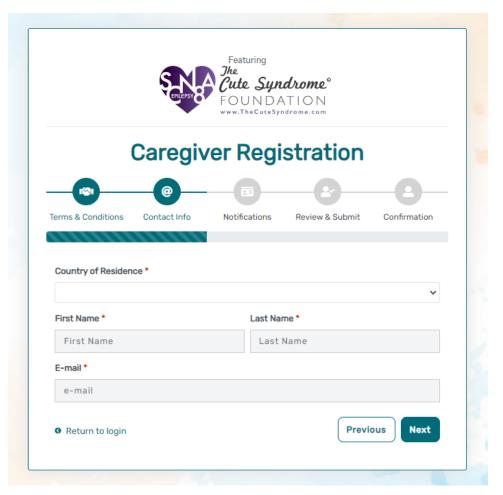
rarediseases.org orphan@rarediseases.org

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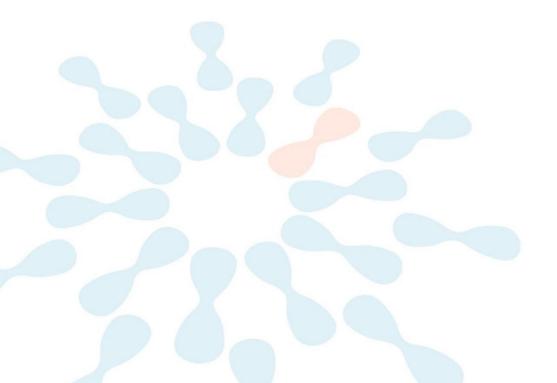
• Step 2: Read the Terms and Conditions and Privacy Policy and attest to the statements provided. When you are finished with this page, click "Next".



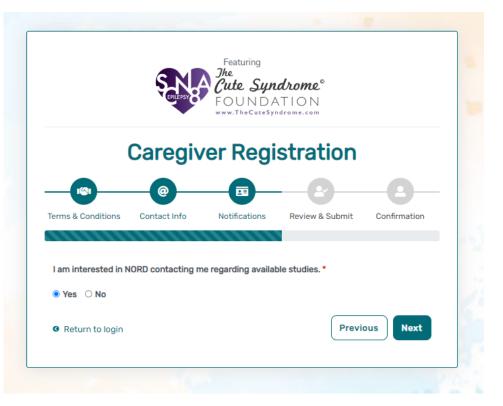




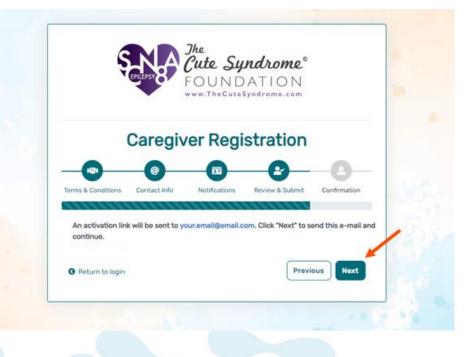
• Step 3: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".



• Step 4: Select whether you are interested in being contacted by NORD regarding available studies. When you are finished with this page, click "Next".



• Step 5: Select "Next" so that an activation link is sent to your e-mail to complete registration.



• Step 6: Click the link you are sent via e-mail. Please check your Spam folder if you do not see the e-mail. You will be taken to the following screen in a new tab within your browser. Set your password and click "Submit".

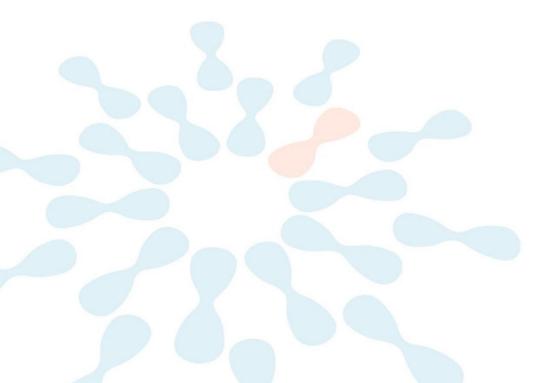
E-mail Validation	
Your e-mail your.email@email.com has been success Please create your password below.	sfully validated.
assword	
Password	
A password must be at least 8 characters long:	×
- contain 1 uppercase letter	×
- contain 1 lowercase letter	×
- contain 1 digit - not contain text from top 1000 commonly used passwo	ords ×
apeat Password	
Repeat Password	
SUBMIT	

• Step 7: Your validation is now complete. Select "Go to Login Page".

	E-mail Validation	
7	Registration is complete! You can now log in.	
	GO TO LOGIN PAGE	Con S
		-

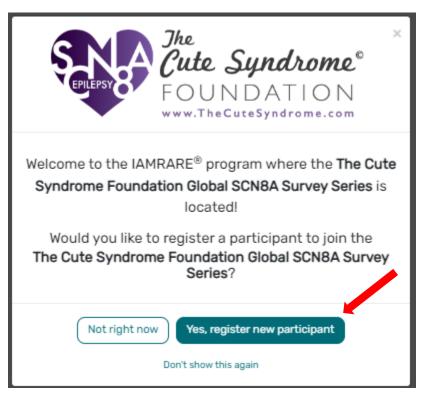
• Step 8: Log in using your new e-mail and password.

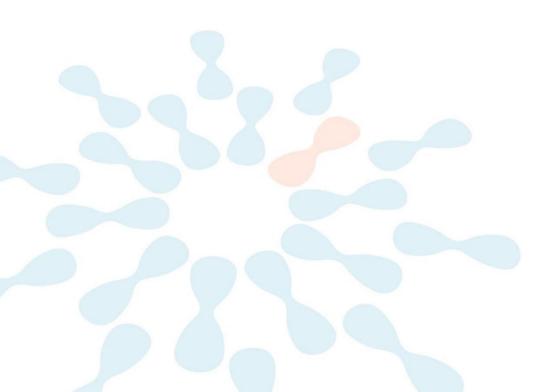
IAP		
e-mail		
password		
Keep me logged in		
+) LOGIN		
	→) LOGIN	
▲ Forgot Password	LOGIN Create an Account	



Add a Participant

• Step 1: To start, click Yes, register new participant.



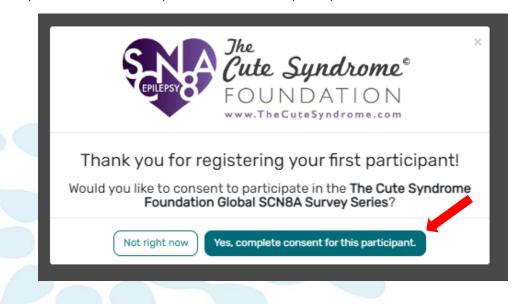


• Step 2: Fill out the Participant's information.

Add Participant		
Who Is Being Added as a Participant? ⑦	○ Self	
Preferred First Name *	Current Last Name *	
Preferred First Name	Current Last Name	
First Name on Birth Certificate *	Middle Name on Birth Certificate *	
First Name on Birth Certificate	Type 'NA' if none	
Last Name on Birth Certificate *	Date of Birth * ③	
Last Name on Birth Certificate	mm/dd/yyyy	
Sex Recorded on Birth Certificate • ③		
Country of Residence *	State/Province/Region of Residence *	
Choose country	▼ State/Province/Region	
Country of Birth *	City/Municipality of Birth •	
Choose country of birth	City/Municipality of Birth	
What Is Your Relationship to ? * ③		
Profile Image Choose Avatar OR Upload Your Own Image No image selected		
CANCEL	SUBMIT	

Consent to the Study

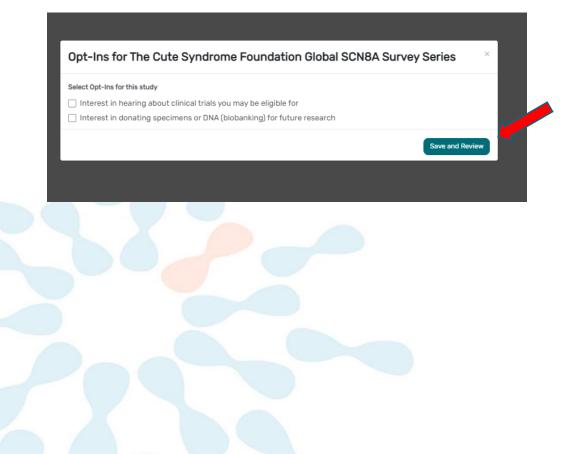
• Step 1: Click on "Yes, complete consent for this participant."



• Step 2: Scroll down and read through the consent form thoroughly. Once you finish reading, read through the statements thoroughly. If you are comfortable consenting to participate in the study, please read each statement and authorize your consent. After checking the boxes, click "Continue to Opt-Ins."

IAMRARE® A Horne O Help & Settings & H6. June +	
Consent to The Cute Syndrome Foundation Global SCN8A Survey Series	×
related concerns or complainth with someone who is not part of this regarity issue, you may contact North Stat Kervew Hoard Board at \$77-83-13-439 (bill thes) or antioginerhatereverboard org Kerver and approval of this Kepitry by North Stat Kerver Hoard is not an endormented of this regarity or chickles. Contact the IAL	it:
 You have questions, or complaints that are not being answered by the research team. 	
You are not getting answers from the research team.	
You cannot reach the research team.	
 You want to talk to someone else about the research. 	
 You have questions about your rights as a research subject. 	
Do not sign this form unless you have had a chance to ask questions and have received satisfactory narowers to all of your questions	
Authorization	
There read (or somescene has read to met) this Consent and Authorization Form to provide data for future research purposes and have decided to donate the Study Participant's data to The Queb Syndrome Foundation Global SCNRA Survey Series. The general purposes of registry participation, details of my and the Study Participant's involvement and possible hazards and incorreniences have been explained to my antidation. I understand that I will receive an electronic copy of this consent authorization form.	
Because of the way data is collected and saved, to participate in this study, the participate or general agreeing must be willing to agree to permitting data to be shared as described. If you cannot agree to this, please do not participate in the study.	
Please reference the following sections of the consent form for details on how data collected in this study will be used.	
 How the Study Participant's Data gets into the registry 	
 How the Study Participant's Data is stored and used for future research 	
Confidentiality	
Voluntary Participation and Withdrawal	
Privacy Rights	
I give permission on behalf of the Study Participant to provide research data to The Oute Syndrome Foundation Global SONBA Survey Series only for the purposes described above. The Study Participant's data will be used as described in the consent form.	
V give permission on behalf of the Study Participant to provide my research data that has been pseudonymized to The Cute Syndrome Foundation Global SCNBA Survey Series for future research within recognized ethical standards for scientific research.	
V livish to be contacted on behalf of the Study Participant about future research studies that may be of interest.	
Continue to	Opt-Ins

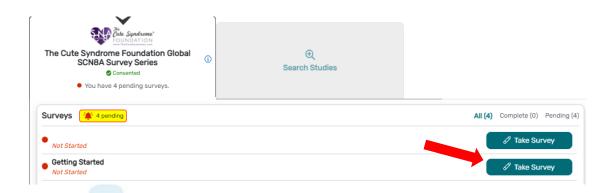
• Step 3: Select your opt-ins, then click Save and Review.



• Step 4: Download a copy of your consent, or click Close to continue.

View Consent/Assent Soundation Global SCN8A Survey Series Soundation State Soun					
	- i				
CONSENT TO ACT AS A STUDY PARTICIPANT IN THE CUTE SYNDROME FOUNDATION GLOBAL SCNBA SURVEY SERIES REGISTRY AND TO SHARE DATA FOR FUTURE RESEARCH PURPOSES	- 18				
Connext for a person with a Legally Authorized Representative	- 18				
Title: The Cute Syndrome Foundation Global SCNIBA Survey Series	- 1				
REDISTRY STAFE					
Principal Investigator: Hillory Service, PhD					
Co-Investigator: Starlley Engpire					
Contemport, memory response					
Easil: unreysupport g Veculasyndrome.com					
Experimental Research Subjects Bill of Rights					
California law, under Health & Safety Code Section 24172, requires that any person asked to take part as a subject in research involving a medical experiment, or any person asked to consent to such participation on behalf of another, is entitled to receive following list of rights written in a language in which the person is fluent. The list includes the right to:	: the				
1. Be informed of the nature and purpose of the experiment.					
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.					
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.					
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.					
5. Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.					
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.					
7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.					
🔠 Download PDF 🛛 O Close					

• Step 5: You now have access to start taking surveys.



View Responses and Reports

• Step 1: Once you have submitted a survey, you are able to view your responses to that survey as well as the graphs for any questions that are programmed to show graphs. Click "View Responses" to see your completed survey. Click "Reports" to see any available graphs.

ENROLLED STUDIES

