

HUMAN DEVELOPMENTAL GENETICS LABORATORY

Medical College of Wisconsin, Children's Research Institute

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Dear Participant(s):

You are being invited to participate in a research study called Genetic Studies of Human Ocular Disorders. You are being asked to participate because you or your child was born with an eye disorder. The goal of this study is to find out if there are genetic (inherited) differences between people with and without eye disorders. This is a research study,

considering participation in this study. We hope that the information
is ~~study~~ benefit others with eye disorders in the future by helping us
t, prevent, and treat these conditions. If you have ~~other~~ questions
eis at (414) ~~955-~~

GC
or
of Wisconsin
545

Please complete this form and return it in the enclosed stamped and addressed envelope if you are interested in participating in this study.

Affected Person's Name(s): _____

Parents' Names (if affected person is a child): _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____