



• QR code will take you to our website;

geneticepilepsy.org

- Scroll to the bottom and click
- Enter your details and click Save

Create New Account



Why study epilepsy?

Epilepsy affects 5% of people at some time in their lives. We want to better understand the genes that cause epilepsy and how epilepsy progresses in different people ('natural history'). An understanding of genes and natural history will help with new treatments, better counselling and better diagnostic tests.



Who can take part?

Anyone who has had a seizure or has a family member who has had a seizure is welcome to take part.

We also study conditions that are related to seizures, such as speech, learning or behavioural problems. These can happen with or without seizures. Anyone who has a related condition or has a family member with a related condition is also welcome to take part.

Learn more >

What is involved?

If you agree to be in this project, we may ask you to do things like fill out guestionnaires, give blood or saliva samples, do tests in hospital and allow us to access your medical records.



- Takes you back to Home page
- Scroll to the bottom and click

Proceed to Study



Why study epilepsy?

Epilepsy affects 5% of people at some time in their lives. We want to better understand the genes that cause epilepsy and how epilepsy progresses in different people ('natural history'). An understanding of genes and natural history will help with new treatments, better counselling and better diagnostic tests.



Who can take part?

Anyone who has had a seizure or has a family member who has had a seizure is welcome to take part.

We also study conditions that are related to seizures, such as speech, learning or behavioural problems. These can happen with or without seizures. Anyone who has a related condition or has a family member with a related condition is also welcome to take part.

Learn more >

What is involved?

If you agree to be in this project, we may ask you to do things like fill out questionnaires, give blood or saliva samples, do tests in hospital and allow us to access your medical records.



Proceed to Study

- Takes you back to Home page
- Scroll to the bottom and click
- Takes you to the Patient Portal



* Select the hospital where you/the participant usually go for care

Please select a value

* Are you registering for yourself or for someone else?

Myself Someone else

* Contact Telephone

Comments

You may leave this section blank. Or you may include the best times to call you, how you heard about our research or other information you would like us to know.



- Our online portal is LIVE! Takes you back to Home page • Scroll to the bottom and click Proceed to Study
- Takes you to the Patient Portal

Developmental and Epileptic Encephalopathy

Research rogram

• Select the hospital where your child usually goes for care





- Takes you back to Home page
- Scroll to the bottom and click Proceed to Study
- Takes you to the Patient Portal
- Select the hospital where your child usually goes for care
- Register for yourself or for someone else (i.e. your child)



* Select the hospital where you/the participant usually go for care
Please select a value
* Are you registering for yourself or for someone else?
Myself Someone else
* Contact Telephone

♥⊿ 🖥 87%

6

Comments

You may leave this section blank. Or you may include the best times to call you, how you heard about our research or other information you would like us to know.



- Takes you back to Home page
- Scroll to the bottom and click Proceed to Study
- Takes you to the Patient Portal
- Select the hospital where your child usually goes for care
- Register for yourself or for someone else (i.e. your child)
 - If for your child select if they are over or under 18 years, our child's (participant's) full name



* Select the hospital where you/the participant usually go for care

Please select a value

* Are you registering for yourself or for someone else?



^r Is the person you are registering for over
or under 18 years?

18 years or over

Under 18 years

* Contact Telephone



- Takes you back to Home page
- Scroll to the bottom and click Proceed to Study
- Takes you to the Patient Portal
- Select the hospital where your child usually goes for care
- Register for yourself or for someone else (i.e. your child)
 - If for your child select if they are over or under 18 ye $\frac{1}{2}$
- Type in your/their name and phone number



6:32



❤⊿ 🖥 86%

6

Please note; age category, full name, telephone number and comments will not be stored in our study database until we receive your consent to participate in our study. These values will be sent in an email to our research team so they may contact you to discuss the study in more detail.

You may leave this section blank. Or you may include the best times to call you. how you heard about our research or other information you would like us to know.



18 years or over

Myself

6:35

Under 18 years

O Someone else

🐨 🛋 🖬 86%

* Your child's(participant's) full name

* Contact Telephone

Comments

- Select the hospital where your child usually goes for care
- Register for yourself or for someone else (i.e. your child)
 - If for your child select if they are over or under 18 years
- Type in your/their name and phone number



- Takes you back to Home page
- Scroll to the bottom and click Proceed to Study
- Takes you to the Patient Portal

Epileptic Encephalopathy Research ogram











Patient Portal

Thank you for submitting your details. Please click below to view our study information. A member of our research team will be in touch shortly to work through this information with you.

	Study Information
User:	
Name: Amy IP: 49.184.185.76	
Study TZ: Australia/M	elbourne (UTC +10:00)
<u>2</u>	
Logout	
Contact Us	
FAQ	

Click Study Information to view our study information sheet \bullet



Click

Study Information

• Each section can be expanded

Our online portal is LIVE!

to view our study information sheet

Patient Portal

Thank you for submitting your details. Please click below to view our study information. A member of our research team will be in touch shortly to work through this information with you.

Study Information

User:

Email: amy@hi.com Name: Amy IP: 49.184.185.76 Study TZ: Australia/Melbourne (UTC +10:00)

Logout

Contact Us Resources FAQ







- Click Study Information to view our study information sheet
- Each section can be expanded
- Or click

information

to view/download a pdf of the study

Study Information





Short Name of Project	Genes4Epilepsy
Full Name of Project	Genetics of Epilepsy
Coordinating Principal Investigator	Professor Ingrid Scheffer
Principal Investigator	Professor Piero Perucca







- Each section can be expanded
- Or click
- to view/download a pdf of the study

information

• Progress paused

Study Information

A research coordinator will contact you soon. AHM1014)

aneticepilepsy.org/co

Genetics of Epilepsy

仚





7

Short Name of Project	Genes4Epilepsy
Full Name of Project	Genetics of Epilepsy
Coordinating Principal Investigator	Professor Ingrid Scheffer
Principal Investigator	Professor Piero Perucca







Back

- Click Study Information to view our study information sheet
- Each section can be expanded
- Or click
- to view/download a pdf of the study

information

- Progress paused
- Our team will speak to you to work through the study

information and consent form together

Study Information

Short Name of Project

Full Name of Project

Coordinating Principal

Principal Investigator

Investigator





Genes4Epilepsy

Professor Ingrid Scheffer

Professor Piero

Perucca

Genetics of Epilepsy







Back

≗ geneticepilepsy.org/co

仚

- Click Study Information to view our study information sheet
- Each section can be expanded
- Or click
- to view/download a pdf of the study



Study Information





7

Participant Information and Consent Form Consenting adult and mature minor

Short Name of Project	Genes4Epilepsy
Full Name of Project	Genetics of Epilepsy
Coordinating Principal Investigator	Professor Ingrid Scheffer
Principal Investigator	Professor Piero Perucca

Talia



Bek

Caitlin





- Once you have spoken to our team...
- They will update your account to allow consent to be signed

Study Information





7

Short Name of Project	Genes4Epilepsy
Full Name of Project	Genetics of Epilepsy
Coordinating Principal Investigator	Professor Ingrid Scheffer
Principal Investigator	Professor Piero Perucca







- Once you have spoken to our team...
- They will update your account to allow consent to be

signed

• Please click



Study Information





Short Name of Project	Genes4Epilepsy
Full Name of Project	Genetics of Epilepsy
Coordinating Principal Investigator	Professor Ingrid Scheffer
Principal Investigator	Professor Piero Perucca



- Once you have spoken to our team...
- They will update your account to allow consent to be

signed

- Please click Back
- Click the person icon







- Once you have spoken to our team...
- They will update your account to allow consent to be

signed

- Please click Back
- Click the person icon
- Takes you to the information sheet + consent form at the bottom of the page (it's a long way down!)









Participant Information and Consent Parent/Guardianroonsenting on

Short Name of Project	Genes4Epilepsy
Full Name of Project	Genetics of Epilepsy
Coordinating Principal	Professor Ingrid





Consent to optional parts of the

❤⊿ 🖥 85%

Your child's name

Name of Parent/Guardian of Participant

- Enter your child's and your name
- Agree/Disagree to a number of optional consent questions

* a. First optional consent – Cell line and iPS cells: I agree to my child's blood or skin sample being used to grow a cell culture and make induced pluripotent stem (iPS) cells.

Agree

Disagree

* b. Second optional consent – Tissue collected for clinical care: I agree to the release of DNA and tissues collected for my child's clinical care for use in this research project.

Agree

Disagree

* c. Third optional consent – Photographs and videos: I agree to photographs or videos being taken of my child for use in this research project.

Agree 🚺

Disagree



- Enter your child's and your name
- Agree/Disagree to a number of optional consent questions
- Click the blue button to sign the form

7:20 仚 Agree ❤⊿ 🖥 84%

25 geneticepilepsy.org/cc ര

release of DNA and tissues collected for my child's clinical care for use in this research project.

Disagree

c. Third optional consent – Photographs and videos: I agree to photographs or videos being taken of my child for use in this research project.

> Agree Disagree

* Future Research: I agree to my child's de-identified information, samples and genetic data being shared with researchers who are working independently from this project for any future research.



Disagree

Click to SIGN this form 👒

I DECLINE to participate 🗶

I would prefer to sign this consent using a paper form





- Your child is now enrolled in our Natural History Study!
- Study forms appear in Patient Dashboard





Patient Dashboard



(5)

Back



Data Collection Forms

Upload Document

Information (Minor)



Developmental history (initial)

Seizure history (initial))



- Your child is now enrolled in our Natural History Study!
- Study forms appear in Patient Dashboard
- To enrol yourself as parents:





25 geneticepilepsy.org/

Patient Dashboard

Amy

Genetics of Epilepsy

ា

*

û





- Your child is now enrolled in our Natural History Study!
- Study forms appear in Patient Dashboard
- To enrol yourself as parents:
 - Click Back
 - Click Add Person icon





Contact Us Resources FAQ



- Your child is now enrolled in our Natural History Study!
- Study forms appear in Patient Dashboard
- To enrol yourself as parents:
 - Click Back
 - Click Add Person icon



• Select the same hospital as your child



aneticepilepsy.org/d

Genetics of Epilepsy

[5]

仚



- Your child is now enrolled in our Natural History Study!
- Study forms appear in Patient Dashboard
- To enrol yourself as parents:
 - Click Back
 - Click Add Person icon



- Select the same hospital as your child
- Complete the form for yourself



* Select the hospital where you/the participant usually go for care

Please select a value

* Are you registering for yourself or for someone else?

Myself Someone else

* Contact Telephone

Comments

You may leave this section blank. Or you may include the best times to call you, how you heard about our research or other information you would like us to know.