Name: ____________________________________________________________

You were asked to be in this research because you may have an inherited cause of dizziness or because other people in your family do. Dizziness can run in families and the doctors want to understand more about it. A blood sample may show who will get dizziness and maybe help understand how to treat it.

It is up to you to decide if you want to be studied or not. If you say yes, a trained person (doctor, nurse or technician) will draw a small amount of blood out of your arm with a needle. This will feel like getting a shot—it could hurt, make a bruise or bleed a little bit. Some people (even adults) feel a little dizzy from having blood drawn and have to lie down.

The doctor running the study (Dr. Baloh from UCLA) may ask you some questions about how you have been feeling. (Some examples of questions: Do you get dizzy or feel like the room turns around? Do you get headaches? Do you get car-sick or sick on a boat? Do you see sparkling lights? Do you have trouble hearing or hear noises in your ears?) It is okay if you don't want to answer all of the questions. One of your parents will be there when Dr. Baloh talks to you.

Being studied will not help you. It may help people as more gets known about causes of dizziness that run in families.

It is up to you to decide if you want to be in the study. If you change your mind once they start drawing the blood or during the questions, it is okay to stop any time you want to. No one will try to make you continue if you don't want to or think badly about you if you do want to stop.

You get to keep a copy of what you are signing. If you have questions for Dr. Baloh, his whole name is Robert W. Baloh, M.D., and he is at the UCLA Department of Neurology, (310) 825-5910.

I AGREE TO HAVE MY BLOOD STUDIED.

Signed: __________________________________ Date: __________________________

Person obtaining consent:

________________________________________ Date: __________________________

Investigator's signature:

________________________________________ Date: __________________________