October 27, 2012

Adrian Aldcroft
Executive Editor, *BMC Medical Ethics*

RE: Revised Manuscript Submission
Manuscript No: 1046224025749487

Dear Dr. Aldcroft,

Thank you for your letter of October 26, 2012 communicating the peer reviewer’s comments and inviting resubmission of the above mentioned manuscript. Following a consideration of these comments and a revision of our manuscript, we are resubmitting “Emerging issues in paediatric health research consent forms in Canada: working towards best practices” for publication in *BMC Medical Ethics*.

As requested, we have addressed the points suggested by the reviewers. For your convenience, a point-by-point elaboration of the reviewer comments is attached. We trust that these revisions will satisfy the concerns of the reviewers.

Sincerely,

Edward S. Dove, B.C.L., LL.B.
Centre of Genomics and Policy
McGill University
Responses to Reviewers’ Comments

Reviewer #4

We thank the reviewer for the kind words of praise on the manuscript and are pleased that the revisions we made answered all of her questions.

Reviewer #2

1. Abstract, Methods: The first sentence is extremely long, suggest shortening.

We have divided the first sentence so that it now reads: “Employing a qualitative thematic content analysis, we examined paediatric consent forms from major academic centres and public organisations across Canada dated from 2008-2011, which were purposively selected to reflect different types of research ethics boards, participants, and studies. The studies included biobanking, longitudinal studies, and gene-environment studies. Our purpose was to explore the following six emerging issues: (1) whether the scope of parental consent allows for a child’s assent, dissent, or future consent; (2) whether the concepts of risk and benefit incorporate the child’s psychological and social perspective; (3) whether a child’s ability to withdraw is respected and to what extent withdrawal is permitted; (4) whether the return of research results includes individual results and/or incidental findings and the processes involved therein; (5) whether privacy and confidentiality concerns adequately address the child’s perspective and whether standard data and/or sample identifiability nomenclature is used; and (6) whether retention of and access to paediatric biological samples and associated medical data are addressed.”

2. Results (Pages 9, 10): I understand that this is a qualitative study but terms such as "several," "few," "most," and "majority" tell the reader nothing. I strongly suggest that you consider using actual percentages. You have the data so this should not be difficult?

We have replaced the terms with percentages.

3. Table 1: Suggest including percentages in addition to n.

We have now included percentages in Table 1, in addition to n.