



Research Assent Form
Required for children 7-17 years old

Project Title:

Principal Investigator:

Date: We want to tell you about a research study we are doing. A research study is a way to learn information about something. We would like to find out more about [insert purpose of study in simple language]. You are being asked to join the study because [insert name of medical condition or other reasons for inclusion].

If you agree to join this study, you will be asked to [Describe procedures, (e.g., blood work, questionnaires, medication) in words a child would know and understand. Also, include number of visits and time frame in words easily understood by a child].

[Describe possible risks, e.g., discomforts and/or side effects in simple language].

We do not know if being in the study will help you. We may learn something that will help other children with [insert name of medical condition or subject matter of study] some day.

You do not have to join this study. It is up to you. You can say okay now, and you can change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

Before you say yes to being in this study, we will answer any questions you have.

If you want to be in this study, please sign your name. You will get a copy of this form to keep for yourself.

(Sign your name here)

(Date)