# **ASSENT FORM (7-13 YEARS) (TEMPLATE VERSION: 10/4/16)**

Note: Form should be formatted in at least 12 point font (comic sans MS) or equivalent.

[all instructions (in RED) and text not applicable to the research should be deleted when the form is modified for use on a particular study]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| microscope_guy | Children’s Hospital Los Angeles  **ASSENT TO PARTICIPATE IN A RESEARCH STUDY**  (insert lay title) | | | | |
| Subject’s Name: | |  | | |
| CHLA# [if applicable]: | |  | Birth Date: |  |
|  |  |

1. Dr. [insert name of PI] is doing a research study about [insert condition] [describe the condition in language that is appropriate for a 7 year old].
2. We are asking you to take part in this research because we want to learn more about how children with [insert condition] [outline what the study is about in language that is appropriate for a 7 year old].
3. If you agree to be in this study, you will be asked to: [describe what will take place from the child’s point of view in language that is appropriate for a 7 year old – please use bullets and keep descriptions simple].

[if study includes pregnancy testing of minors, describe and add:]Your pregnancy test results will not be shared with your parent(s).

[if study includes HIV/STI testing of minors, describe and add:] If the test says you have HIV or another kind of Sexually Transmitted Infection (STI) and you are at least 12 years of age, we will not share the results with your parent(s) unless you tell us we can. If the test says you have HIV or another kind of STI and you are under the age of 12, the results will be shared with your parent(s).

**When you are in a research study, sometimes good things and bad things can happen:**

1. Things that happen to children in research studies that make them feel bad are called “risks.” Some of the bad things for this research study could be: [Describe any risks to the child that may result from participation in the research in language that is appropriate for a 7 year old – please use bullets and keep descriptions simple]. Not all of these things may happen to you. None of them may happen. Or things may happen that the doctors don’t know about yet.
2. Things that happen to children in research studies that are good are called “benefits.” Some of the good things for this research study could be: [Describe any benefits to the child that may result from participation in the research in language that is appropriate for a 7 year old – please use bullets and keep descriptions simple].
3. We will do everything possible to keep your information private.
4. [Indicate if the child directly receives any payment for being in the research. If there is no payment for participation or payment is not given to children in this age group directly, this item can be deleted]
5. You do not have to be in this study if you don’t want to. You may stop being in this study at any time [If applicable, modify to indicate that sometimes it is not possible to stop the study all at once and why]. Remember, being in this study is up to you.
6. Please talk with your parents before you decide whether or not to be in this study. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say “yes,” **you** can still decide not to do this.
7. You can ask any questions that you have about the study. If you have a question later that you didn’t think of now, please write it down to help you remember. You can call me or ask me next time you see me.



[insert phone number of study office]

1. Signing your name at the bottom means that you agree to be in this study. [if the study is related to a condition or treatment insert the following:] Your doctors will still take good care of you whether or not you agree to be in this study.

Yes, I agree to be in this research study.

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### Signature of Subject Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Print Name of Individual Obtaining Assent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Signature of Individual Obtaining Assent Date

Routing of signed copies of the assent form:

1. Give to the child (copy)
2. Give to the parent/legal guardian (copy)
3. Place in the CHLA Medical Record (copy) [if applicable]
4. Place in the Investigator's research files (original)