

CHILD'S ASSENT TO PARTICIPATE IN A CLINICAL TRIAL

TITLE: XXXXXXXXXXXXXXXXXXXXXXXXXX

The study doctor has told you about a research study they are inviting you to be in. They also read you a paper that tells you all about the study and what will happen to you during the study if you take part in it. You were told you can ask questions about the study any time you want to. Your parent(s) or your guardian(s) was/were present for this.

You were told you don't have to do this if you don't want to.

You were also told you could stop being in the study any time that you want to quit, and that it is okay, and that your doctor will still treat you.

You were told that the study doctor might write a report about this study. You were told your name would not be used in the report.

You, _____(Subject),
want to be in the study.

Subject's Signature

Date

Parent's Signature

Date

Witness Signature

Date

Signature of Investigator

Date