Notes:

A formal NKU IRB logo, approval and expirations dates will automatically be added to this form upon approval by Mentor IRB.

Assent forms should be written to a 3rd – 5th grade reading level and relatively brief.

Each section has sample text that you may use.

Delete these instructions and any unused sample text prior to upload into Mentor IRB.

Informed Assent

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| --- |
| **Study Title:** Click here to enter text.  **IRB #:** Click here to enter text.  **Name of Researcher (Principal Investigator):** Click here to enter text.  **Telephone Number:** Click here to enter text. |
| **Introduction**  We want to tell you about a research study we are doing. A research study is a way to learn more about something. We would like to find out more about [insert topic or disease/condition]. You are being asked to join the study because [insert reason for inclusion]. |
| **What will happen in the study?**  If you agree to join this study, you will be asked to [describe procedures, (e.g., questionnaires, activities) in words a child would know and understand].  If you qualify and decide you want to be in the study, you will come to CCHMC       times over the next     . |
| **What are the good things that can happen from this research?**  Use any of the following statements as appropriate:  We do not know if being in this study will help you. We may learn something that will help other children with [insert name of condition or topic under investigation] someday.  We expect that the study may help you by [describe how] |
| **What are the bad things that can happen from this research?**  [Insert risk (e.g., discomforts) procedures here]  There may be other risks that we do not know about yet. |
| **What other choices are there?**  Instead of being in this study, you can choose not to be in it. Take all the time you need to make your choice. Ask us any questions you have at any time. |
| **Signatures**  After you have read this form and talked about this research with your parents and the doctors or nurses you need to decide if you want to be in this research.  If you want to be in this research you should sign or write your name below.  **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Research Participant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Signature of Research Participant Indicating Assent, Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Signature of Legally Authorized Representative (LAR), Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Signature of Individual Obtaining Assent, Date |