

ASSENT FORM

(for children above 12 years and below 18 years of age)

Assent form to participate in a clinical research

Child Participant's name:

Date of
birth/Age:

Parent/LAR's name:

Address:

Title of the project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I confirm that I have understood about the compensation and the risks and benefits involved in this research. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I understand that following completion of study as well as during publication of the results, confidentiality of my identity will be maintained. I have been given an information sheet giving details of the study. I fully assent to participate in the above study.

Signature of the child participant:
(If child knows to sign/Thumb impression)

Date:
Date:

Signature of the parent or guardian

Date:
Date:

Name and address of the witness:

Signature of the witness: Date:

Signature of the Investigator

Date:

(Assent form should be accompanied by patient / participant information sheet for children in a simple language comprehensible to a child from 12-18 year; Verbal assent to be recorded in LAR consent form for children 7-12 years of age and written assent form for children from 12-18 years of age. Language used should be simpler for children in the age group 7-12 years compared to children in the age group > 12-18 years)

