University of Massachusetts Medical School

Committee for the Protection of Human Subjects in Research

**ASSENT TO PARTICIPATE IN RESEARCH**

INSTRUCTIONS: Replace all of the bolded italics above and below with your information. Delete this instruction when finished.

**[*Insert title of the study and the PI name*]**

1. My name is ***[identify yourself to the child by name]*.**

2. We are asking you to take part in a research study because we are trying to learn more about ***[insert what the study is about in language that is both appropriate to the child’s maturity and age]***

3. If you agree to be in this study ***[briefly describe what will take place from the child’s point of view in language that is both appropriate to the child’s maturity and age]***

4. ***[Describe any risks to the child that may result from participation in the research. If none skip.]***

 ***[The only risk/One of the risks]*** is that your personal information could be lost or exposed. This is very unlikely to happen, and we will do everything to make sure that your information is protected.

 ***Sample language for pregnancy testing:*** If you could get pregnant, you will have pregnancy testing as part of this study. Only you will be told the results. If we find you are pregnant, we will talk to you about getting appropriate healthcare and the support of an adult. A positive pregnancy test means you cannot be in this study. Because you will be asked to leave the study, your parents may find out that you are pregnant. If you are uncomfortable with pregnancy testing, then you should not be in this study.

5. ***[Describe any benefits to the child from participation in the research]***

1. Please talk this over with your parents before you decide whether or not to participate. 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. Your participation is entirely voluntary. If you don’t want to be in this study, you don’t have to participate. Remember, being in this study is up to you and no one will be upset if you don’t want to participate or even if you change your mind later and want to stop.

8. You can ask any questions that you have about the study. If you have a question later that you didn’t think of now, you can call me ***[insert your telephone number]*** or ask me next time. ***[if applicable: You may call me at any time to ask questions about your disease or treatment.]***

9. Signing your name at the bottom means that you agree to be in this study. ***[if the study is related to treatment insert the following: If in any way you decide not to participate or change your mind later on; your doctors will continue to take care of you just as they had before you were in this study.]***You and your parents will be given a copy of this form after you have signed it.

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Name of Subject Date