**Assent Form for Minors**

**Protocol Title**: Insert Title

**Principal Investigator**: Name, Credentials, and Contact Information

**(Briefly, explain the study here in age-appropriate words. Even little children can be told what is going to happen. Signing an assent is for children 8-17.)**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) agree to be in this study. What I am being asked to do has been explained to me by the researcher. I understand what I am being asked to do and I know that if I have any questions, I can ask the researcher at any time. I know that I can quit this study whenever I want to and it is perfectly OK to do so. It won’t be a problem for anyone if I decide to quit.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator’s Verification of Explanation**

I certify that I have carefully explained the purpose and nature of this research to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in age-appropriate language. He/she has the opportunity to discuss it with me and knows that they can stop participating at any time. I have answered all of their questions and this minor child has provided the affirmative agreement (assent) to participate in this research study.

Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may report a concern about a study, ask questions about a study, ask questions about your rights as a research subject, or report a research-related injury by contacting the Institutional Review Board listed below.
 IRB Compliance Coordinator, sucomply@su.edu or
 IRB Chair, irbchair@su.edu