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|  | Institutional Review Board  Human Research Protections  1 Park Avenue | 6th Floor | New York, NY 10016 |

**NYU Langone Health**

**ASSENT FORM**

***PLEASE DELETE ALL INSTRUCTIONS PRIOR TO SUBMITTING YOUR FORM FOR REVIEW***

***ASSENT OF MINOR (AGES 12-14 Non-biomed)***

**Instructions:** *This template uses sample language for Assent Forms. All instructional information is in red italics. This template also includes examples of language in which you may model your form on. The examples are in pink italic font. You must remember to delete the red and pink sections before submitting to the IRB.*

*When developing your assent form you may want to use a larger font size. Certain fonts and font sizes are more appropriate for children. This form uses Verdana 11 point.*

*If possible, the form should be limited to a few pages. Illustrations may be used instead of words if appropriate to assist in the child’s comprehension.*

*This information must be presented orally as well as allowing the child to read this form and discuss the research with their parents. In some cases, it may be appropriate for the child to provide a verbal assent only. Should this be necessary you should advise the IRB.*

You are being asked to participate in this research study. Before agreeing to participate it is important that you read this form and have a discussion with the research staff. This form describes why we are doing the research, what will happen to you in this research, how this research study may help you and what the risks may be. It also describes any alternative treatment or procedures that are available to you and your right to not participate in the research study.

Before you can be in this research study, we would like to discuss it with you and explain what will happen to you in this research study. You can ask questions at any time before, during or after our discussion. You will also be given time to read this form. After you read the information please ask any questions about the research study. We will ask you to sign this form if you agree to participate.

***What is this research about?***

This research study will examine how [explain the purpose of the research in basic terms. Do not use language directly from protocol e.g. parents and peers influence pre-teens and teenagers.  Sometimes parents find it hard to understand what you and your friends go through.  We want to know more about some of the concerns that you may face now or might face in the future when it comes to peer influences and your relationship with your parents.

This research study will include \_\_\_\_ [insert # of participants] participants from the ages of \_\_\_\_\_to \_\_\_\_. You will have ------ [insert # of visit or revise accordingly to indicate what is required of the child in terms of time].

***What will happen if you are in the research study?***

This research study will require [explain what will happen in this research e.g you answer some questions about the way your friends and parents influence your thinking and your actions]

The following will happen if you agree to participate in this research study [list the procedures that are required in this research. Use a bullet or numbering format. This section should emphasize what part of the research is done as EXTRA for the study.]

*[Examples of language that describes the study procedures]*

* You will be asked to complete a short questionnaire that will take about 15 minutes.
* You will then be asked to discuss your thoughts and feelings with a group of other participants – all about your age. This researchers will oversee this focus group will be

Your parents or legal guardians have already given permission for you to participate in this research study. You do not have to participate. If you do want to participate but later find you don’t, you may stop your participation at any time. Your decision on participating or not will not affect the care you receive.

**Are there any consequences if you participate in this research study?**

There are [insert no known physical risks involved in this research study but a possible risk is a risk to your confidentiality. In other words, it is possible that someone could find out your answers to the questions we ask you. OR some risks involved in this research study, these risk are: ]. If appropriate list the most likely risk using a bullet format. ]

***What are your other choices?***

If you choose not to be in this research study, it won’t affect the type of regular treatment or care you will receive. Your doctor will recommend that treatment for you.

***Do you have to be in this research study?***

No, you do not have to be in this research study. We are asking you if you would like to be in the research study but if you say no, no one will be upset with you. You can also say yes now and if you change your mind later you can withdraw from the research study.

Please talk this over with your parents/guardians before you decide whether or not to participate. Your parents/guardians have said that it is all right with them if you want to be in the research study. Even though your parents/guardians have said it all right with them, you can still say 'No'. If you do agree to participate but later decide you do not, you may stop your participation at any time. Your decision will not affect your care in any way.

***What else do you need to know?***

The results of this research may also be presented at meetings or in professional publications, but in these instances, your name would not be used. Research study records that identify you will be kept confidential as required by law.

***What about your privacy?***

To protect you, the information collected in this research study will not be shared with anyone unless required by law.

The researchers in this research study will need to talk about you and the research study with your parent/guardian and with other researchers. The researchers will not talk about you with anyone else except the people working on the research. If the doctor needs to talk to anyone else about you he/she will ask you and your parent/guardian if it is OK to do so.

***What will this cost?***

There is [choose one] some/no cost to you or your parents for being in this research study. Add one of the following statements: You will not get paid to participate in this research study. **OR** You will receive ---- for your participation in this research study.

***What if you have questions?***

If you have any questions about this research study you can call [insert PI name] or one of the other doctors that are working on this research study. If you have any questions about your rights for being in a research study, you may call the NYU Langone Health Institutional Review Board (IRB) at 212-263-4110. The IRB is a department that reviews research studies to make sure that the people participating in it are protected as much as possible.

***Agreeing to participate in this research study:***

If you sign this paper, it means that you have read this form, you have talked with the research team and your parents/guardians about it, you have had all your questions answered and you want to be in the research study. By signing below you are agreeing to participate in this research study and you will receive a signed copy of this assent.

Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signature of Person Obtaining Assent/Consent Signs Here Date