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

**WHEN THE SUBJECT IS A CHILD Ages 15-17 Years: ASSENT FORM**

INSTRUCTIONS: THIS FORM MUST ACOMPANY THE CONSENT DOCUMENT USED FOR YOUR STUDY.

Your parent/guardian knows about this study and wants you to be in the study if you want to. If you sign below it indicates that you do want to be in the study, but you know that you can stop being in the study any time you want to. You know that your study doctor can talk about the study with your parent/guardian, but will not talk about it with anyone else who is not working on the study unless you and your parent/guardian say it is OK. You can call the study doctor any time you have any questions.

*Signature of Child Date*

I have solicited the assent of the child.

Signature of Person Obtaining Assent/Consent Date