1c-SLUlogo-Word.wmf

**ASSENT TO PARTICIPATE IN RESEARCH**

Investigator: [PI name, work address, email, and phone if relevant]

Title of Study:

What is it about? We are asking you to participate in a research study that will [brief statement describing the study]

How do I participate? If you choose to participate in the study, we will ask you to [briefly describe what the participants will have to do as part of the research]

Benefits: Include possible benefits to participants [if none, state so]

Risks: State possible risks [if none, state “No risk about what may happen in everyday life.”]

Costs/incentives: List incentives, and/or costs beyond daily life [if none, state so]

What do I get out of it?

Will I be recognized? [Describe any mention of identifying information in the data, the use of codes or pseudonyms, whether or not they are linked to identifying information. Describe storage and security procedure for physical and electronic data.]

How will the results [List reports, presentations, school assignments, publications, etc. that will use the project data.

be reported? Mention whether or not identifying information will be included in these documents.]

Voluntary You are under no obligation to take part in the study. If you decide to participate,

participation you may stop at any time, without any penalty.

Signature: The researcher has discussed the study with me and answered all my questions. I understand what this research is about and what my rights as a participant are. If I have more questions about the study, I should [name and email of faculty advisor for student PIs; name and email of IRB Chair for faculty and staff PIs]. I have been given a copy of this assent form. I understand that my parents have signed a consent form to allow me to participate in this research. By signing this assent form, I certify that I am an un-emancipated minor and that I accept to participate in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reader/Translator Date