**ASSENT TO PARTICIPATE IN RESEARCH**

UCSC Study #: {Cayuse Human Ethics Study number}

Study Title: {Title of the Cayuse Human Ethics Study}

You are being asked to be a part of a research study. Please read about the study below. Feel free to ask questions about anything that you do not understand before deciding if you want to be in the study.

***Why are you here?***

The researchers need help from volunteers like you in order to learn about {Complete this sentence using terminology that children will understand}. They would like to ask you if you want to help out.

***Why are they doing this study?***

{Principal Investigator name(s) - and some other investigator if applicable}are doing this study to learn more about{Complete this sentence using terminology that children will understand}.

***What will happen to you?***

{Describe the study procedures that will occur, using terminology that children will understand}

If you decide to be in the study, here is what will happen:

1.
2.
3.

***Time require*d:**

You will be in the study for about {enter time}.

***Will anything bad happen?***

{If identifiable information is collected, then state:}

It’s possible that the information you give the researchers could be lost or stolen, but the researchers will be very careful with it.

{Describe all risks and discomforts – including psychological discomfort – that might reasonably be expected to happen, using terminology that children will understand}

***Will anything good happen?***

{Describe benefits to the subject, or to others., using terminology that children will understand}

{If no direct benefit to the subject, include a sentence to the following effect}

The researchers hope to learn more about {description}, which may help {description}, but nothing good is expected to happen to you specifically.

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

You can ask questions any time. You can ask now or you can ask later. You can talk to the researchers, your mom and dad, or you can talk to someone else.

***Confidentiality:***

{Describe how the confidentiality of records that identify the subject will be maintained using terminology that children will understand}

{If the study will involve subject identifiable information, include}

When the results of the research are reported, the report won’t show your name. The researchers will use {passwords, encryption, lockboxes, locked cabinets, etc.} to keep people other than the researchers from looking at information with your name on it.

{If the study will be anonymous, include}

No one will ask you for your name or write it down anywhere. Your answers are completely anonymous.

{If it is possible to deduce the participant’s identity through their responses, include}

Because of the kind of information you give the researchers about yourself, it might be possible to guess who you are, but no one on the research team will try to do this and the final report will be written in a way that makes it {very hard or impossible} to tell who you are.

{If the study data will be coded with a link to identifiers retained by investigators, include}

Your responses will be assigned a code number. The list connecting your name to this code will be kept in a password protected file. Only the researchers will have access to the file. When the study is complete the list will be destroyed.

{If the study involves audio/video-recording, include}

With your permission, the {interview/discussion} will be {audio/video-}taped so that an accurate transcript can be made. The recordings will be erased once your answers are copied down. Your name will not be in the researchers’ study notes.

{If the study involves focus groups, include}

The researchers will tell all the people in the group not to share what you talk about outside of the group, but it is possible that somebody will share this information anyway.

{If the study involves information that legally must be reported to government agencies, include}

It’s possible that the researchers will have to give your information to the government or a judge, but this doesn’t happen very often.

***Future Research:***

**{**If the study may involve the use of identifiable data/biospecimens in future research, include.}

Study investigators may keep your information/samples to study in the future

***Alternatives:***

{List any alternatives available to the subject for obtaining the same benefit without participating in research - e.g., alternative therapies in the case of clinical trials, or alternative assignments worth the same academic credit for comparable effort - using terminology that children will understand}

***Compensation:***

{If the study involves subject compensation for participation, include. If none is available, state so}

You will receive {$X or/ X credits]} for participating in this study.

***Decision to quit at any time:***

You don’t have to participate. You can agree now and then change your mind later. No one will be mad at you if you don't want to do this.

{If study involves survey or interview questions, include}

You can skip any questions you don’t want to answer. {If appropriate, include} There are no right or wrong answers because this is not a test.

{If study involves interviews/focus groups, include}

You can leave at any time or skip any questions you don’t want to answer.

{If payment or course credit is being offered, include the following phrase:}

Whatever you decide, you will still get {payment or credit, as applicable}.

***Signature:***

Signing this document means that you read the information in this form and that you want to be in the study.

{A checklist can be used if appropriate but is not required}

☐ It is ok for {name of investigator(s)} to audio/video-tape me.

☐ It is ok for {name of investigator(s)} to keep my information/samples to study in the future.

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Signature of Minor Age Date

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

Printed Name of Minor

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

Signature of Researcher Date

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

Printed Name of Researcher

***A witness signature is required on this assent form only if:***

*(Check which of the following applies. If no witness signature is required, this witness signature section may be completely removed.)*

☐ The subject has decision-making capacity, but cannot read, write, talk or is blind.

☐ The IRB specifically mandated a witness signature for this study.

The witness must be impartial (i.e. not a member of the subject’s family, not a member of the study team).

For the witness: Information in this form was provided to the subject or legally authorized representative (LAR) and the subject or LAR voluntarily agreed to participate in the research described above.

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Witness Signature Date

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Printed Name of Witness