

IRB# _____

Protocol Approval Date: [Insert initial approval date or most recent annual approval date]

OREGON HEALTH & SCIENCE UNIVERSITY
Child Assent Form
(Use for children ages 7 through 17)

TITLE: *Name of the study. Use the same title as that on the IRQ*

PRINCIPAL INVESTIGATOR: [list name and degree(s)] (503) 494-####

CO-INVESTIGATORS: [list name and degree(s)] (503) 494-####
[list name and degree(s)] (503) 494-####
[list name and degree(s)] (503) 494-####

Investigators should be same as those listed on the IRQ. Everyone involved in the study, including research nurses and research assistants, should be listed here.

Part I

Dr. _____ has explained this research study to me. I know how it may or may not help me. I also know that this study will help doctors know more about _____ (insert name of condition).

1. The investigator will ask me to explain what I will do and what will happen in this study to be sure I understand the study.
2. The investigator will ask me if I have any questions or want to know anything else about this study or _____ (insert name of condition).
3. The investigator will ask me to explain some of the good and bad things that might happen to me if I enter this study.

Part II

I have thought about being a part of this study. I have asked and received answers to my questions. I agree to be in this study. I know that I don't have to agree to be in the study. Even though I agree to be in it now, I know I may feel differently later on and can ask to stop being in the study. I know that I may talk with my parents and/or doctor about not being in this study at any time.

**LEAVE 4 INCHES HERE FOR
APPROVAL/EXPIRATION STAMP.**

Name/signature: _____

Date: _____