**ASSENT FORM**

(For children above 12 years and below 18 years of age)

Assent form to participate in a clinical research

Child Participant’s name: Date of birth/Age:

Parent/LAR’s name: Address:

Title of the project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I understand that following completion of study as well as during publication of the results, confidentiality of my identity will be maintained. I have been given an information sheet giving details of the study. **Risk and benefit of this project has been explained to me.** I fully assent to participate in the above study.

(I also assent / do not assent to use my stored biological samples for future scientific purposes: Yes/No – if applicable)

Signature of the child participant : Date:

(If child knows to sign/Thumb impression)

Signature of the parent or guardian : Date:

Name and address of the witness :

Signature of the witness : Date:

Signature of the Investigator : Date:

(Assent form should be accompanied by patient / participant information sheet for children in a simple language comprehensible to a child of 12-18 years; Language used should be simpler for children in the age group >12-18 years)