Assent form for healthy control children participating in research studies.

Title of the project:

Name of PI:

**Please circle all you agree with**

Have you read or been read about this project? Yes No

Someone has explained the project to you? Yes No

Do you understand what this project is about? Yes No

Have you asked all the questions you want to and they have they been answered? Yes No

You understand that you can say no to taking part and you can stop at any time? Yes No

You are happy to give the researchers the following samples?

***Insert as appropriate***

* e.g Blood Yes No
* Saliva Yes No
* Pee Yes No

Are you happy to take part? Yes No

If you said no to anything please do not write your name.

If you want to take part please write your name and todays date.

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SIGNED (Child) PRINT NAME DATE

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SIGNED (Parent or Guardian) PRINT NAME DATE

------------------------------------------------ ---------------------------------- -----------------------SIGNED (Researcher) PRINT NAME DATE

*One copy for participant; one copy for R&D section in the Medical Notes; original to be kept in the PI’s site file*