

# Sample Assent Form

State University of New York at New Paltz

Name of PI  
Phone number

**Study Title:**

ASSENT TO BE IN A STUDY

**Subject Name:** \_\_\_\_\_

## **Why are you here?**

The doctors want to tell you about a study about [fill in]. They want to see if you would like to be in this study. We are asking you because you have [fill in]. Dr. Friendly and some other doctors are doing this study.

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

They want to see how your treatment is working.

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

Only if you want to, two things will happen:

1. Every 3 months a small amount of your blood will be taken. It will be taken by a needle in your arm.
2. The doctors will ask you to answer some questions about how you feel.

Your parents will also be asked to give their permission for you to take part in this study. Please talk this over with your parents before you decide whether or not to participate.

## **Will the study hurt?**

The stick from the needle will hurt but the hurt will go away after awhile.

## **Will you get better if you are in the study?**

This study won't make you feel better or get well. But the doctors might find out something that will help other children like you later.

## **What if you have any questions?**

You can ask questions any time. You can ask now or you can ask later. You can talk to the doctors or you can talk to someone else.

## **Do you have to be in the study?**

You do not have to be in the study. No one will be mad at you if you don't want to do this. If you don't want to be in this study, just tell them. You don't have to tell them a reason. If you decide to be in the study, you can stop at any time.

## **Please mark one of the choices below to tell us what you want to do:**

- No, I do not want to be in this project  
 Yes, I want to be in this project.

\_\_\_\_\_  
Write your name here

\_\_\_\_\_  
Date