ASSENT TO BE IN A STUDY

**Informed Consent - Part III**

Name of Principal Investigator

# Telephone number

**PLEASE NOTE: This is a sample assent form. Please modify text to fit your study procedures and age group of minors and/or cognitively impaired subjects participating. Remove yellow highlighted text before submitting to IRB.**

**Name of Study:**

**Why am I here?** List disease/condition being studied. Include number of subjects in the study.

The doctors want to tell me about a study about children who are overweight. They want to see if I would like to be in this study. Dr. insert name of PI and some other doctors are doing this study.

**Why are they doing this study?**

They want to see whether daily exercise makes me lose weight.

**What will happen to me?** Include number of study visits, list procedures and how many times procedures will be done if performed at more than one visit. If this is a drug study, indicate how frequently the subject will take the study medication.

If I want to be in the study, two things will happen:

1. I will do some exercises for one hour every day after school.
2. I will come to Pennington Biomedical Research Center once a month to be weighed.
3. I may or may not lose weight. But the doctors might learn something that will help other children like me.

**Will the study hurt?** List any side effects/risks

I might be a little sore when I start exercising, but that will go away.

**What if I have any questions?**

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

**Do I have to be in the study?**

I don’t have to be in this study. No one will be mad at me if I don’t want to do this. If I don’t want to be in the study, I just have to tell them. If I want to be in the study, I just have to tell them. I can say yes now and change my mind later. It’s up to me.

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| Printed Name of Volunteer |  |  |  |  |
|  |  |  |  |  |
| Signature of Volunteer |  | Age |  | Date |
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| Signature of Person Administering Informed Consent |  |  |  | Date |
|  |
| Printed Name of Person Administering Informed Consent |