**

*ASSENT TO TAKE PART IN A RESEARCH STUDY*

*(Please Note: This is a generic assent form)*

*INVESTIGATOR INSTRUCTIONS ARE IN ITALICS (in blue) – The instructions are included to assist in your submission and must be deleted prior to submission*

*SUGGESTED LANGUAGE (in green) – When a section is optional, suggested language has been included, but may be altered as appropriate.*

*You can us I or YOU (First or Second Person) language throughout, but, be consistent. Second person is preferred. The entire consent document should be at a 6th to 8th grade reading level.*

*This form should be used in conjunction with parental consent when the study subject is between the ages of 13 to 17 years old.*

TITLE OF STUDY: *(ADD THE TITLE OF THE STUDY HERE)*

1. **Who are we and why are we meeting with you?**

I am the *(include Principal Investigator or Co-Investigator here)* and I *(work or am a student)* at the Rowan University in the Department of *(include Department name and College)*. Sometimes other people will work with me. I would like to tell you about a study that involves children like yourself. I would like to see if you would like to participate in this study.

*Include name and contact information of Co-Investigator here if the Co-Investigator is included in the paragraph above.*

1. **What is this research study about?**

*(Describe briefly in simple language why you are doing the study and what you hope to learn.) LIMIT SENTENCES TO TWELVE WORDS (OR FEWER) WHERE POSSIBLE.*

1. **Why have I been asked to take part in this study? How many subjects will be enrolled in the study?**

*Explain in plain and simple language why the Minor subject is being invited to take part in the study. Notate the number of subjects enrolled in the study. LIMIT SENTENCES TO TWELVE WORDS (OR FEWER) WHERE POSSIBLE.*

1. **Who can be in this study? And who may not? How long will the study take?**

*Clearly describe inclusion and exclusion criteria in plain language. Describe only those conditions or characteristics written in plain language that make a specific type of subject eligible to enroll. Provide the duration of the study and how much time the subject may need to contribute when enrolled in the study.*

1. **What will happen to me if I choose to be in this study?**

*Describe in simple language the procedures step by step, that the Minor will undergo.*

1. **What are the benefits of participating in this study?**

*Be very clear as to whether or not they can expect a direct benefit.*

1. **What are the risks of participating in this study? Will I feel uncomfortable if I take part in this study?**

Sometimes research studies make subjects feel uncomfortable or bad. These are called risks. The risks of this study are…

*Describe in plain language what the risks and discomforts may be for the Study. Include all psychological, physical and social risks. A statement regarding risk MUST ALWAYS be included in a consent form.*

1. **What if I don’t want to take part in this study?**

You don’t have to be in this study if you don’t want to. No one will get angry or upset if you don’t want to be in the study. Just tell us. And remember, you can change your mind later if you decide you don’t want to be in the study anymore.

If you do not want to enter the study or decide to stop participating, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

1. **Will I be given anything to take part in this study?**

You will receive\_\_\_\_\_\_\_\_ for being in this research study. *(Payment should be age appropriate gift certificates and not cash.)*

1. **What if I have questions?**

You can ask questions at any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else at any time during the study. Here are the telephone numbers to reach us:

If I have questions about the study I can call the Principal Investigator or Co-investigator at:

*EXAMPLE:*

*Name of Principal Investigator Name of Co-Investigator*

*Department 856-Contact Number*

*856-Contact Number*

If I have any questions about my rights as a research subject, I can call:

Office of Research Compliance, Institutional Review Board

Rowan University Glassboro/CMSRU (856) 256-4058

1. **What are my rights if I decide to take part in this research study?**

I understand that I have the right to ask questions about any part of the study at any time. I understand that I should not sign this form unless I have had a chance to ask questions and have been given answers to all of my questions.

I have read this entire form, or it has been read to me, and I believe that I understand what has been talked about. All of my questions about this form and this study have been answered.

I agree to take part in this research study.

*Subject Name:*

*Subject Signature: Date:*

**Signature of Investigator or Responsible Individual:**

To the best of my ability, I have explained and discussed the full contents of the study, including all of the information contained in this consent form. All questions of the research subjects and those of his/her parent(s) or legal guardian have been accurately answered.

Investigator/Person Obtaining Consent:

Signature: Date: