### REMOVE ALL THE INSTRUCTIONS IN BLUE BEFORE PRINTING

Assent Forms should **NOT** include section headings, HIPAA language, UMB University Statement language

#### RESEARCH ASSENT FORM

Protocol Title:

Study No.: *[Please include the UMB protocol number only]*

Principal Investigator: *[please provide name, degrees, & phone number]*

Sponsor: *[delete if not applicable]*

We want to tell you about a research study we are doing. A research study is a way to learn information about something. We would like to find out more about *[insert purpose of study in**simple language].*You are being asked to join the study because *[insert name of medical condition or other reasons for inclusion].*

# If you agree to join this study, you will be asked to

[describe procedures, (e.g., blood work, questionnaires, medication) in words a child would know and understand. Also include number of visits and time frame in words easily understood by a child].

[describe possible risks, e.g., discomforts and/or side effects in simple language].

We do not know if you will be helped by being in this study. We may learn something that will help other children with *[insert name of medical condition or subject matter of stu*dy*]*some day.

# You do not have to join this study. It is up to you. You can say okay now, and you can change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

Anything we learn about you from this study will be kept as secret as possible.

# Before you say yes to be in this study, we will answer any questions you have.

# If you want to be in this study, please sign your name. You will get a copy of this form to keep for yourself.

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 (Sign your name here) (Date)