**University of North Carolina at Chapel Hill
Assent to Participate in a Research Study
Minor Subjects (7-14 yrs)**
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**DELETE THIS AND ALL OTHER INSTRUCTIONS IN ITALICS AND YELLOW HIGHLIGHTS. The consent form must be written in 2nd person (e.g., You are being asked to take part in a research study about…). Also the page numbering already inserted in the footer must be maintained to show what each page is out of the total number of consent form pages (e.g., 2 of 4).**

**Consent Form Version Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
**IRB Study #** ##-####
**Title of Study:** Title for study
**Person in charge of study:** PI’s name
**Where they work at UNC-Chapel Hill:** UNC Hospitals
**Other people working on this study:**

**Study Contact Telephone Number**: (919) 999-9999
**Study Contact Email**: irb@unc.edu

The people named above are doing a research study.

**These are some things we want you to know about research studies:**
Your parent needs to give permission for you to be in this study. You do not have to be in this study if you don’t want to, even if your parent has already given permission. [delete last sentence if not true for this study]

You may stop being in the study at any time. If you decide to stop, no one will be angry or upset with you. [If a treatment protocol, add: Your doctors will still continue to take good care of you.]

Sometimes good things happen to people who take part in studies, and sometimes things happen that they may not like. We will tell you more about these things below.

**Why are they doing this research study?**
Simple explanation.

The reason for doing this research is to \_\_\_\_\_\_\_\_

**Why are you being asked to be in this research study?**
Simple explanation why the child is invited to participate.

**How many people will take part in this study?**
If you decide to be in this study, you will be one of about **number** people in this research study.

**What will happen during this study?**
Simple explanation of procedures; lists often work well. Indicate the length of time of the individual participant’s active involvement. Tell participants whether there is any follow-up.

* Describe what will be done with the recordings.
* Include plans for storage during use and what will be done after transcription, e.g., how long the recordings will be kept.
* Advise participants that audio and video recordings may be requested to be turned off, if that is true for the study.
* Include the following:

Check the line that best matches your choice:

\_\_\_\_\_ OK to record me during the study

\_\_\_\_\_ Not OK to record me during the study

This study will take place at ***[name study site]*** and will last \_\_\_\_\_\_

During this study \_\_\_\_\_\_

**Who will be told the things we learn about you in this study?**
Describe who will have access to the information collected. Be clear about whether pregnancy, illegal activity, psychological tendencies will be reported and to whom. Be clear about what parents and teachers will be told.

We will not tell anyone what you tell us without your permission unless there is something that could be dangerous to you or someone else.

**What are the good things that might happen?**
Choose or modify ONE of the following groups of sentences as appropriate to the specific study:
Research is designed to benefit society by gaining new knowledge.  There is little chance you will benefit from being in this research study.

Research is designed to benefit society by gaining new knowledge. The benefits to you from being in this study may be \_\_\_\_\_\_\_\_\_\_\_

**What are the bad things that might happen?**
Focus on the risks specifically related to enrollment in the research study. Remember to use simple terms. If there are no known risks state this fact.
Sometimes things happen to people in research studies that may make them feel bad. These are called “risks.” These are the risks of this study \_\_\_\_\_\_

Not all of these things may happen to you. None of them may happen or things may happen that the researchers don’t know about. You should report any problems to the researcher

**What if you or your parents don’t want you to be in this study?**
**If applicable to the study** (e.g. delete if only option is not to participate).
If you or your parents don’t want you to be in this study, here are some other things that you may be able to do \_\_\_\_\_\_

**Will you get any money or gifts for being in this research study?**
Describe payment or gift and schedule for their receipt. Address how payment will be prorated in the event the participant withdraws from the study prior to completion.   Include information about any reimbursement for parking, transportation, etc.
You will be receiving \_\_\_\_\_\_\_\_ for taking part in this study. Any payment provided for participation in this study may be subject to applicable tax withholding obligations.

In order to process payments, the University may share certain identifiable information about you, such as name and contact information, with third parties that the University retains to process payments on its behalf.  If you do not want to agree with sharing your information with these third parties, then you will be unable to receive payment/compensation for participating in the study.

**Who should you ask if you have any questions?**
If you have questions you should ask the people listed on the first page of this form. If you have other questions, complaints or concerns about your rights while you are in this research study you may contact the Institutional Review Board at 919-966-3113 or by email to IRB\_subjects@unc.edu.

If you sign your name below, it means that you agree to take part in this research study.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print your name here if you want to be in the study |   |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Research Team Member Obtaining Assent |   |