CHILD ASSENT

Study Title:

Protocol Number:

Approval Date:

Principal Investigator:

Institution:

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

The following information is provided to you because your parents/guardians have agreed to allow you to enroll in a research study. Please read this sheet carefully and feel free to ask any questions before you agree to participate. The researcher must answer your questions before they ask you to do anything.

Your participation in this research study is voluntary. You are free to stop participating in the study at any time with no penalty and no loss of benefits already earned.

If the researchers have new information that may change the risks or benefits to you, you will be notified so that you can make a new decision about whether or not to continue your participation.

1. Why are you doing this research?

2. What will the researcher do and how long will it take?

3. Do I have to be in this research study and can I stop if I want to?

4. Will anyone know that I am in this research study?

5. How will this research help me or/and other people?

6. Can I do something else instead of this research?

7. Who do I talk to if I have questions?

8. Contact Information: If you should have any questions about this research study or possible injury, please contact:

Principal Investigator:

Contact Information:

Faculty Advisor:

Contact Information:

For additional information about giving assent or your rights as a participant in this study, you may contact the Middle Tennessee State University (MTSU) Office of Compliance at 615-494-8918 or by email at irb\_information@mtsu.edu at any time. The office website is http://www.mtsu.edu/irb.

9. Confidentiality: The researchers will make all reasonable efforts to keep your personal information related to this study private, but total privacy cannot be promised. If you or someone else is in danger during this study, or if we are required to do so by law, your information may be shared with people at MTSU or other state or federal agencies.

10. STATEMENT BY CHILD AGREEING TO PARTICIPATE IN THIS STUDY

I have read this assent document and the material contained in it has been explained to me. I understand each part of the document, my questions have been answered, and I freely and voluntarily choose to participate in this study.

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Date Signature

Consent obtained by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed name and title