***Note (REMOVE THIS TEXT BEFORE SUBMITTING):***

* *Note: this template can be used in paper form or made into an e-consent document.*
* *Grey boxes with black text in brackets are to be completed.*
* *Red, italicized text in brackets is help text and/or a prompt for information that also must be included.*
* Orange text is optional, sample wording.
* *This template is to be used for minors (which depends on the state in which you are conducting your research) as well as those with diminished capacity to consent.*
* *Edit this document to reflect your activity and relevant IRB requirements. Use language appropriate for the child’s age. You may need to include multiple assents for different age groups. Assent forms for children close to the age of 17 should be similar to the adult informed consent form.*
* *With the guidance language removed, this template has the following readability scores:*
  + *Flesch Reading Ease: 88.8*
  + *Flesch-Kincaid Grade Level: 4.2*

# **Research Assent**

**[Title of Project]**

**[Version date]**

You are being asked to join a research project that is being done by  [PI name] . We hope to learn  [describe the purpose of the project] . You are being asked to join because  [insert inclusion/exclusion criteria] .

If you join, you will be asked to  [briefly describe what will happen to the participant in the project, where it will take place, the duration of the study, etc.]. .

If you join, there may be bad things that happen which are  [describe the risks] .

There may also be some good things that happen which are  [describe the benefits] .

You do not have to join the project. If you choose to be in the project, you can change your mind at any time. The researcher will not care if you change your mind or if you do not want to join this project. No one will be mad if you choose not to join or quit the project.

If you do not want to join, you can  [describe alternative(s) to participation.] . *[If there are no alternatives, delete this sentence.]*

Any information about you will be kept safe by the researchers by  [describe data safety and confidentiality plan] . The researchers in this project will need to talk about you and the project  [insert relevant parties, including parent/guardian, researchers]  and will not talk about you with anyone else. If we need to talk to anyone else about you, we will ask you and your parent/guardian if it is okay to do so.  [Describe any data banking/data sharing/future use plans] .

If you join the project, you will get  [description compensation] . *[If there is no compensation,* You will not get anything if you join this project.*]*

We would like you to talk with your parents/guardians about this before you decide to join or not join this project. We will also ask your parents/guardians if they want you to be in this project. You will both have to say “yes” for you to be in this project. If your parent/guardian says “yes,” you can still decide not to join.

If you turn 18 years old while you are in this project, we no longer need your parents/guardians to give permission for you to be in the project. You may be presented with a new form to sign to continue participation at that time.

If you have any questions at any time, please call or email:

 [Researcher's name]

 [Department]

 [Address]

 [Phone]

 [Email address]

If you would like to talk to someone else, you can call the Weill Cornell Medicine Institutional Review Board at:

WCM IRB, (646) 962-8200, [irb@med.cornell.edu](mailto:irb@med.cornell.edu)

Website: https://research.weill.cornell.edu/irb

**Signature**

Signing this form means you have read this form and all of your questions have been answered. You and your parents/guardians will be given a copy of this form. If you do not want to be in this project, do not sign this form.

I agree to join this research project.

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Name of Child Participant Signature of Child Participant Date

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

Name of Witness Signature of Witness Date

#### **Researcher Signature** (to be completed at time of informed consent)

I confirm that the research study was thoroughly explained to the participant. I reviewed the consent form and answered all questions. The participant appeared to have understood the information.

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Name of Research Team Member Signature of Research Team Member Date