**Texas A&M University – Kingsville**

**Assent form for 13-17 years-old**

**IRB Informed Consent Form, IRB # \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **GENERAL INSTRUCTIONS** – delete this box from the submitted assent form  *This template is for research involving children 13-17 years old only.* Do not use this template for research involving adults; instead use “Adult Consent Form Template” if only adults are subjects.  Use this template as follows:   * Red text represents instructions to you – to be deleted from the final version. * Black text represents text that should ordinarily be incorporated as-is, if applicable   Please remove all text in red before submitting this form to the IRB for approval.  Assent Forms should be written at the reading level of the target population. For studies involving a wide age range, more than one assent form at different reading levels may be necessary. |

**Study Title**: [insert title of research study]

**Researcher contact information:** [Add researcher contact here]

**Sponsor**: [insert name of sponsor]

## Why am I being asked to be in this study?

A research study is usually done to find a better way to help or treat people or to understand how things work. You are being asked to take part in this research study because [Fill in the circumstance or condition that makes participants eligible for the research.]

## Why is this study being done?

[Tell the child the purpose of the study in terms that a child can understand.]

## How long will the study last?

I expect that you will be in this research study for [hours/days/months/weeks/years, until a certain event]

**What will I be asked to do in this study, if I agree to be in this study?**

If it is okay with you and you agree to join this study, you will be asked to [Tell the child what to expect using simple terms. Whenever appropriate include the following items:]

* A description of the procedures that will be performed. If practical, prepare a time-line chart or schematic to accompany descriptions of procedures and tests for research that require more than 1 or 2 steps/visits
* The length and duration of study visits, activities, and procedures

**What should I know about a research study?**

Your participation in this research is completely up to you. It is your choice whether or not to be in this research study. If you decide you do not want to participate, no one will be upset and there will be no penalty. You can ask all the questions you want before you decide.

**What other choices do I have?**

Instead of being in this research study, your choices may include: [List alternatives procedures as applicable, otherwise delete. For student participant pools describe alternatives for course credit. For mental health care describe the options that you would normally offer patient.]

**What happens if I say “Yes”, but I change my mind later?**

If you say yes know, you can still change your mind later without any penalty. Specifically, your choice not to be in this study will not negatively affect your right to any [Insert as applicable: present or future medical treatment, your class standing at Texas A&M University] or your present or future status with Texas A&M University.

**Could bad things happen to me if I join this study?**

## There is nothing bad that will happen to you although you may [list risks or anything that could make the child feel uncomfortable].

## 

## Could this research help me? (Include most appropriate statement for your study)

I cannot promise that this research will help you, but we think that being in this research may help you [list potential direct benefit].

**OR**

This research will not help you but we do hope to learn something new from this research. Someday we hope the information from this research will help other kids who [insert condition being study]

## What happens to the information collected for the research?

I will take steps to limit the use of your personal information, including research study records, to only the people who have a need to see this information. I cannot promise complete secrecy.

**Will I Receive Anything To Be In This Study?** (Omit this section if no payments/reimbursements/credits will be given)

If you agree to take part in this research study, I will [pay/give] you [Payment/Reimbursement/Participation Credit] for your time and effort.

## Who can I talk to?

If you have questions, concerns, or complaints, about the research, talk to the research team at [insert email address and phone number xxx-xxx-xxxx].

You may also contact email (IRB chairperson email). You will be talking to **(**IRB Chairperson name), the University chair of the IRB at Texas A&M University-Kingsville. The IRB is a group that helps monitor research. You should call or email the IRB if you want to find out about your rights as a research subject. You should also call or email if you want to talk to someone who is not part of the study about your questions, concerns, or problems.

**Signature Block for Child Assent**

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

Signature of child Date

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

Printed name of child

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

Signature of parent/guardian Date

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

Printed name of parent/guardian

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

Signature of person obtaining assent Date

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

Printed name of person obtaining assent

**THIS RESEARCH PROJECT HAS BEEN REVIEWED AND APPROVED BY THE TEXAS A&M UNIVERSITY—KINGSVILLE INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS.**

**If you have questions or concerns, those questions or concerns should be directed to the University IRB at**[**tamuk.irb@tamuk.edu**](mailto:tamuk.irb@tamuk.edu)**or (361)593-3344**