Understanding Osteogenesis in Health, Development and Disease

Child assent form ages 10-15: On agreement to participate one copy of this form should be kept by the participant, one copy placed in patient’s notes and one copy retained by the research team.

Patient Name: …………………….………………… Patient NHS ID:……………………

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| --- |
| Please circle all you agree (or if unable, to be completed by parent / guardian on their behalf) |
| 1. Have you read all (or had read to you) the information about this study? | **Yes** | **No** |
| 2. Have you had the opportunity to ask questions about the study and to discuss it with your family and friends? | **Yes** | **No** |
| 3. Have you had your questions answered in a way you understand? | **Yes** | **No** |
| 4. Do you understand what this study is about? | **Yes** | **No** |
| 5. Do you understand that if you do take part in this study you will not be given any special treatment or reward? | **Yes** | **No** |
| 6. Do you understand that all information about you collected in the study will be kept secret and that if we tell anybody else the information, we will not tell them your name? | **Yes** | **No** |
| 7. Do you give permission for information about you and your treatment to be looked at and recorded on the understanding that if any of this information is told to anybody else we will not tell them your name?  | **Yes** | **No** |
| 8. Do you understand that it is ok to decide at any time that you don’t want to take part in this study even after you have already agreed to take part, without giving a reason? | **Yes** | **No** |
| 9. Do you give permission for any tissue that you donate to be kept for future research? | **Yes** | **No** |
| 10. Are you happy to take part? | **Yes** | **No** |

Patient D.O.B. Year:……………….. Month:………………….. Sex: ……..

If any answers are ‘no’ or you don’t want to take part, don’t sign your name!

If you do want to take part, you can write your name below.

**Child’s agreement**

I agree to take part in this study.

**Name**:…….…………………………………………………………. **Date**:……………….

**Investigator/Sub-investigator**

I have explained the study to the above named participant and he/she has indicated his/her willingness to participate

**Name (BLOCK CAPITALS):** …………………………………………….………………………..

**Signed:** …………………………………………………..…………………. **Date:** ……..………..