Assent Form for Children (8-15 years)
(to be completed by the child and their parent/guardian)

Study Number: Patient Identification Number:

Name of Researcher: Prof Peter Scambler & Prof Philip Beales

Project title: Molecular genetics of human birth defects

Child (or if unable, parent on their behalf) /young person to circle all they agree with:

Has somebody else explained this project to you? Yes/No

Do you understand what this project is about? Yes/No

Have you asked all the questions you want? Yes/No

Have you had your questions answered in a way you understand? Yes/No

Do you understand it’s OK to stop taking part at any time, but some samples and results will be kept forever and might be given to other scientists? Yes/No

Are you happy to take part? Yes/No

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

Your name __________________________

Date __________________________

The doctor who explained this project to you needs to sign too:

Print Name __________________________

Sign __________________________

Date __________________________

Thank you for your help.