**INSTRUCTIONS FOR THIS FORM:**

**Unless otherwise instructed, do not edit or remove BLACK**

**text that is already populated in this document.**

**Areas in RED are to be edited to reflect your project.**

**Update the form to all black text before submitting. Delete any instructions in the document.**

**Do not copy/ paste from your protocol. Remove all citations and references.**

**Be certain to write information in age-appropriate and experience language. Some children may be more familiar with research and therefore understand activities more than others.**

**Do not use jargon or abbreviations without explainers.**

 **Include *all* risks, research activities, and incentives.**

***Remove this page prior to uploading this form.***

Study Title: ***(Complete title of the project as it appears on the protocol)***

Principal Investigator (PI): ***(Only one person may be named as the PI)***

***Other Investigators:***

FAU IRB#***Enter your IRB number here***

|  |  |
| --- | --- |
| **Contact for Questions about the Study** | **PI/ Contact name:****Phone Number:****Email:** |
| **Contact for Questions about your Rights as a Research Participant, concerns or complaints that are not answered by the research team, or if you wish to talk to someone independent of the research.** | FAU Research Integrity Office(561) 297-1383researchintegrity@fau.edu |

**These are some things we want you to know about research studies:**

We are asking you to be in a research study. Research is a way to test new ideas. Research helps us learn new things. Whether or not to be in this research is your choice. You can say Yes or No. Whatever you decide is OK. Even if your adult says you can do it, the choice is still yours. Nobody will be upset if you say no.

**Why am I being asked to be in this research study?**

You are being asked to be in the study because [Include study purpose].

**What is the study about?**

We are trying to learn more about \_\_\_\_\_\_\_\_\_\_\_\_\_ . ***[If clinical trial, give more information regarding why the child is being asked to take part.]***

**What will happen during this study?**

If you agree to be in this study, you will: ***[Modify to meet study requirements, examples below]***

* Have to get a little bit of blood taken from your arm…
* Have to answer some questions in a survey…

**Will the study hurt me?**

***[Detail study risks here. Keep audience in mind when describing risks. See below for example]***

*Having blood taken sometimes makes people feel dizzy or can pinch.*

*Answering questions in a survey can sometimes feel like a test. This isn’t a test for a grade and there are no wrong answers.*

**What else should I know about the study?**

If you feel sick or afraid that something is wrong, tell an adult at once. You do not have to answer any questions that are asked of you.

**What are the good things that might happen?**

People may have good things happen to them because they are in a research study. These are called “benefits.”  ***[List study benefits. If only benefit is knowledge gained, detail how you hope to help apply study to knowledge.]***

**Who should I ask if I have any questions?**

If you have any questions about this study, you or your adult can call ***[List PI contact and primary contact, if any.]***

**Do I have to be in the study?**

No, you do not have to be in the study. Even if you say yes now, you can change your mind later. It is up to you. No one will be upset if choose to leave the study.

**Signatures**

Before deciding if you want to be in the study, ask any questions you have. You can also ask questions during the time you are in the study. If you sign your name below, it means that you agree to take part in this research study. A copy of this form will be given to you.

Your Name (Printed) Age

Your Signature Date

***[This section is required for assenting children or those with diminished decision-making capacity]***

Name of Person Obtaining Informed Consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person of Obtaining Informed Consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_