**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.**

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

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

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

**Assent Participation in a Research Study: Ages 13+**

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) 297-1383  [researchintegrity@fau.edu](mailto:researchintegrity@fau.edu) |

You are invited to participate in a research study under the direction of Dr. {Name of Principal Investigator} of the Department of {Name of Department}, Florida Atlantic University (FAU), and paid for by {Sponsor name, if any}. Taking part in this research is entirely voluntary.

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

You are being asked to be in the study because [Include reason they are eligible].

**What is the study about?**

We are trying to learn more about \_\_\_\_\_\_\_\_\_\_\_\_\_ . ***[If clinical trial, give more information regarding why the they are 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…

**What are the study risks?**

[Detail study risks here]

Possible risks or discomforts you could experience during this study include: [For minimal risk studies such as questionnaires/surveys, list loss of confidentiality or psychological stress when applicable].

**What are the study benefits?**

[List study benefits. If only benefit is knowledge gained, detail how you hope to help apply study to knowledge.] “You will not benefit directly from your participation in the study. The benefits to science and humankind that might result from this study are:”

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

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

Every effort will be made to keep your information confidential, however, this can not be guaranteed. If results of this research study are reported in journals or at scientific meetings, the people who participated in this study will not be named or identified**.**

**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.

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_