

**University at Buffalo Institutional Review Board (UBIRB)**

Office of Research Compliance | Clinical Research Institute on Addictions

1021 Main Street | Buffalo, NY 14203

UB Federalwide Assurance ID#: FWA00008824

***Example Format for an Assent Document*** ***~ 3rd Grade Reading Level***

**Assent to be in a Research Study for**

**Children 7-13 yrs of age**

## *Title of research study: [insert title of research study here with protocol number, if applicable. The title must match the title in the CLICK SMART FORM*

***Version Date: [insert a version date here corresponding to the date of submission to the IRB]***

**Investigator: [insert name of principal investigator]**

**Who am I?**

My name is \_\_\_\_\_\_\_\_ (may leave this blank and write it in, depending on who is obtaining consent) and I work in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Why are we meeting with you?**

***Suggestion for verbiage:*** We want to tell you about a study that involves children like yourself. We want to see if you would like to be in this study too.

***Note: suggested verbiage is a guide. You may create your own verbiage, in order to tailor it to your specific study.***

**Why are we doing this study?**

***Briefly describe in simple words why you are doing the study and what you hope to find out.***

**What will happen to you if you are in the study?**

***Describe in simple words, step by step, the procedures the child will undergo and state how long they will be in the study.***

**What are the good things that may happen to you if you are in the study?**

***Describe in simple words any benefits associated with the study.***

***In simple words, please describe any direct benefits. If none, state that there are none.***

***In simple words, please describe any potential benefits to others. If none, state that there are none.***

**What are the bad things that may happen to you if you are in the study?**

***Describe in simple words any risks associated with the study****.*

***If none, state that there are none.***

***Reminder: If identifiable information is collected, there is a risk of loss of confidentiality, which should be included in this section. Suggestion for verbiage:*** There is a small chance that someone other than the study team could see your private information. We are taking steps so that this does not happen***.***

***Note: suggested verbiage is a guide. You may create your own verbiage, in order to tailor it to your specific study.***

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

No you don’t. No one will get angry or upset with you if you don’t want to do this. Just tell us if you don’t want to be in the study. And remember, you can change your mind later if you decide you don’t want to be in the study anymore.

**Do you have any questions?**

You can ask questions at any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else on the study team. If you think of something later, you can call:

Name of contact person on the study: ***Insert Name Here***

Phone Number: ***Insert Phone Number Here***

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**Signature Block for Assent of Child**

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| Your signature documents your permission to take part in this research. |
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