**ASSENT FORM CHILD 0-15**

**UKHR ID Number:** UKHR \_ \_ \_ \_ \_ \_ \_

**Title of Project:** United Kingdom Histiocytosis Registry (UKHR)

**To be completed by the child**

**in the presence of their parent/guardian.**

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

|  |  |
| --- | --- |
| 1. Has somebody else explained this project to you? | Yes / No |
| 1. Do you understand what this project is about? | Yes / No |
| 1. Have you asked all the questions that you want? | Yes / No |
| 1. Do you understand the answers to your questions? | Yes / No |
| 1. Do you understand it’s OK to stop taking part at any time? | Yes / No |
| 1. Do you understand that blood and biopsy samples will be taken? | Yes / No |
| 1. Do you understand that these samples will be stored? | Yes / No |
| 1. Are you happy to take part? | Yes / No |

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Your Name Date

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Name of Person taking assent Date Signature