



**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
2. Do you understand what this project is about?	Yes / No
3. Have you asked all the questions that you want?	Yes / No
4. Do you understand the answers to your questions?	Yes / No
5. Do you understand it's OK to stop taking part at any time?	Yes / No
6. Do you understand that blood and biopsy samples will be taken?	Yes / No
7. Do you understand that these samples will be stored?	Yes / No
8. Are you happy to take part?	Yes / No

\_\_\_\_\_  
 Your Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Person taking assent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

When completed: 1 for patient; 1 for researcher site file; 1 (original) to be kept in medical notes