Information and assent form for participants aged

12 to 17 years

**Title of the study: Enter the simple title of the study here**

Hello,

We would like to invite you to participate in a study about xxx.

When you decide to participate in the study, the following tests will be needed: xxx.

This study is conducted by xxx of U(Z) Ghent.

When you have read and understood everything in this letter, we would like to ask you if you would like to participate in this study. You may decide on this yourself, together with your parents/guardians. They will receive a similar letter with information about the study.

Once the study has started, you can decide to leave the study at any time without having to explain the reason. This decision will not have a bad effect on yourself, your treatment, your parents/guardians or your relationship with the researcher.

Participating in this study will not bring you any benefit. When you participate in the study, no extra visits to the hospital will be needed.

During the study, researchers will collect information about you. This information will be kept confidential and processed in a coded form. This means that no one outside the study team will know your name.

The collected information can later be shared with other researchers for future studies. These studies may take place in Belgium or in other countries. Such new studies must be approved again. If you do not want your information to be used for future research, you can let your parents/guardian or the researcher know.

By signing the assent form, you agree to participate in the study. If you want to know anything more about the study or have any questions during the study you can always contact the researcher xxx.

# ASSENT FORM

**First and last name of the participant**:……………………………………………………………

* I have read and understood this information form.
* I have been able to ask all my questions and I am satisfied with the answer.
* I understand that information about me will only be viewed by the people who have the right to do so.
* I am aware that information about me is being collected and will be coded. This information will be used in the current study.
* I am aware that coded information about me may be used for future studies similar to this study, both in my country and other countries. Such new studies should always be approved by an ethics committee or Data Access Committee. If I do not want information about me to be used for future research, I will let my parents/guardian or the researcher know.
* I understand that participation is completely voluntary.
* I have had sufficient time to think about my participation.

 **I agree to participate in this study.**

|  |  |  |
| --- | --- | --- |
| Name and first name of the participant | Signature | Date |
| Name and first name of the researcher\* | Signature | Date |

2 copies should be completed. The researcher should keep an original for at least 10 years; the participant will also receive a copy.

\*By signing the assent form as researcher

* I certify that I have verbally given the necessary information about the study (the nature, purpose and foreseeable effects) and that the participant has received a copy of the information and assent form.
* I confirm that no pressure has been exerted on the participant to get him/her to agree to participate in the study and show my willingness to answer any additional questions.