



Written Consent Form: **IRB010B** Consent Age 7-14

Gratz College
Assent to Participate in a Research Study (IRB010B)
Minor Participant (age 7-14 years)

Title of Study:

Principle Investigator:

Email address:

Co-Investigators *if applicable:*

Program Director:

Study Contact telephone number:

Study Contact Email:

These are some things we want you to know about research studies:

Your parent needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission.

You may stop being in the study at any time. If you decide to stop, no one will be angry or upset with you.

Sometimes good things happen to people who take part in studies, and sometimes things we may not like happen. We will tell you more about these things below.

Why are they doing this research study?

The reason for doing this research is to

Why are you being asked to be in this research study?

How many people will take part in this study?

If you decide to be in this study, you will be one of approximately (*number*) people in this research study.

What will happen during this study?

This study will take place at (*name study site*) and will last

During this study

Who will be told the things we learn about you in this study?

What are the good things that might happen?

People may have good things happen to them because they are in research studies. These are called “benefits”. The benefits to you of being in this study may be

People may have good things happen to them because they are in research studies. You will not benefit from being in this research study.

What are the bad things that might happen?

Sometimes things happen to people in research studies that may make them feel bad. These are called “risks”. These are the risks of this study

Not all of these things may happen to you. None of them may happen or things may happen that the researchers don’t know about. You should report any problems to the researcher.

How will your privacy be protected?

You will not be identified in any report or publication about this study.

We will not tell anyone what you tell us without your permission unless there is something that could be dangerous to you or someone else. If you tell us that someone is or has been hurting you, we may have to tell that to people who are responsible for protecting children so they can make sure you and others are safe.

What if you or your parents don’t want you to be in this study?

If you or your parents don’t want you to be in this study, you can withdraw at any time.

Will you get any money or gifts for being in this research study?

You will not receive anything for taking part in this study.

Who should you ask if you have any questions?

If you have questions, or concerns, you should ask the people listed on the first page of this form. If you have other questions about your rights while you are in this research study you may contact the Institutional Review Board at 215-635-7300, ex. 168.

Participant’s Agreement:

If you sign your name below, it means that you agree to take part in this research study.

Sign your name here if you want to be in the study

Date

Print your name here if you want to be in the study

Signature of Person Obtaining Assent

Date

Printed Name of Person Obtaining Assent