# National Genomic Research Library Young Person Assent Form (ages 6 – 15)

### Feel free to ask any questions before answering the questions below.

#### Please circle your choice:

|  |  |
| --- | --- |
| 1. Have you read information or has someone explained the research to you?
 | **YES | NO** |
| 1. Have you asked all the questions you want?
 | **YES | NO** |
| 1. Have you had your questions answered in a way you understand?
 | **YES | NO** |
| 1. Do you understand it’s OK to say you don’t want to take part – but that your parent(s), or guardian who look after you, will make the final choice?
 | **YES | NO** |
| 1. Are you happy to take part?
 | **YES | NO** |

#### If ANY of your answers are ‘NO’, or you don’t want to take part:

* Don’t sign your name on this form
* Tell your parents and healthcare team how you feel, so they know

#### If ALL of your answers are ‘YES’:

* Please write your name, signature, and today’s date here:

|  |  |  |
| --- | --- | --- |
| **Your name** |  **Signature** | **Date** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *d* | *d* | / | *m* | *m* | / | *y* | *y* | *y* | *y* |

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