



**ASSENT FORM FOR YOUNG PEOPLE
AGED 6-15 YEARS**
**Generation of induced Pluripotent Stem (iPS) Cells
and Rare Diseases**



Version 1 07/06/2014

Young person to circle all they agree with please:

Have you read (or had read to you) about this project?	Yes	No
Has somebody else explained this project to you?	Yes	No
Do you understand what this project is about?	Yes	No
Have you asked all the questions you want?	Yes	No
Have you had your questions answered in a way you understand?	Yes	No
Do you understand it's OK to stop taking part at any time	Yes	No

Are you happy to take part?

☐☐

If any answers are 'no' or you **don't** want to take part, **don't** sign your name.

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If you do want to take part, please write your name and today's date.

Name of Child (PRINT)..... Date of Birth.....

Signature..... Date.....

Name of Mother* (PRINT).....

Signature..... Date.....

Name of Father* (PRINT).....

Signature..... Date.....

Name of Guardian(s) (PRINT).....

Signature..... Date.....

Name of person obtaining consent (PRINT).....

Signature..... Date.....

*Only one of the parents has to sign the form to validate it, but if parents wish to they can both sign.

When completed: a copy of this form will be returned to you. The original will be sent back to the NIHR BioResource study team together with your sample(s).