



Assent Form for Children (8-15 years)

(to be completed by the child and their parent/guardian)

Study Number:

Patient Identification Number:

Name of Researcher: Prof Peter Scambler & Prof Philip Beales

Project title: *Molecular genetics of human birth defects*

Child (or if unable, parent on their behalf) /young person to circle all they agree with:

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, but some samples and results will be kept forever and might be given to other scientists? Yes/No

Are you happy to take part? Yes/No

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

If you **do** want to take part, you can write your name below

Your name _____

Date _____

The doctor who explained this project to you needs to sign too:

Print Name _____

Sign _____

Date _____

Thank you for your help.

UCL Institute of Child Health
30 Guilford Street, London WC1N 1EH, UK
Tel: +44 (0)20 7905 2635
p.scambler@ucl.ac.uk
www.ich.ucl.ac.uk

UCL Institute of Child Health in
partnership with Great Ormond Street
Hospital for Children NHS Foundation Trust
The child first and always