

National Registry of Rare Kidney Diseases

Assent Form

(for adolescents up to the age of 18 by which time they will need to give full consent to continue)

(Name of Patient)

RaDaR identifying number of patient.....

Please read this through with your parent/guardian and circle everything you agree with

Have you read (or had read to you) information 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?	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 researcher who explained this project to you needs to sign too.

Print Name _____

Sign _____

Date _____

Copies: 1 for patient, 1 for hospital notes