### SK_THSC-research-ethic2

# ASSENT FORM

Title of Study:

Needs Analysis and Time Flow Study to Assess Endoscopic Ear surgery

**Principle Investigator:**

Dr Adrian Lewis James Principle Investigator 416 813 6767

**Co-Investigators:**

Arushri Swarup Co-investigator 416 813 6767

Why are we doing this study?

We want to find out more about how to make better tools for ear surgery.

What will happen during the study?

We will check records about your ear and we will time how long your surgery takes.

We may also collect some information about your ear.

Are there good things and bad things about the study?

The good thing about being in the study is that it will help us learn how to do the best treatment for children with ear problems. There are no bad things about being in this study.

Who will know about what I did in the study?

We will not tell anyone that you took part in the study.

Can I decide if I want to be in the study?

Nobody will be angry or upset if you do not want to be in the study. We are talking to your parent/legal guardians about the study and you should talk to them about it too.

If you have any questions about this study, please call Dr. Adrian James at 416 813 6767.

After the study is done we will tell you the things we learned.

**Assent:**

I was present when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ read this form and said that he or she agreed, or assented, to take part in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of person who obtained assent Signature & Date