

For full functionality of this form, use Adobe Reader or Acrobat. Web browser or Outlook views may be limited.

First name	NHS number (or postcode if not known)														
								Date of birth							
								d	d	m	m	y	y	y	y



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

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

Please indicate your choices below by ticking the appropriate box:

1. Have you read information or has someone explained the research to you? **YES | NO**
2. Have you asked all the questions you want? **YES | NO**
3. Have you had your questions answered in a way you understand? **YES | NO**
4. 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**
5. 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
Assent obtained remotely, no participant signature		
.....		d d m m y y y y