

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