



IRB ADOLESCENT ASSENT TO PARTICIPATE IN RESEARCH FOR AGE 13 TO <18
(SAMPLE)

Project Information

Project Title:
Version & Date:
Sponsor Details if any:
Principal Investigator Name: Organization: SMBB Institute of Trauma
Other Investigators Details: Organization:

You are being asked to participate in a research study conducted by [insert your name & role, e.g., "a research assistant"], supervised by [insert name of primary investigator or supervisor] at SMBB Institute of Trauma. You have been selected to participate in this study because [explain the criteria for selection, e.g., "your age and recent experiences"]. Participation in this research is entirely voluntary.

Why is this study being done?

[Provide a brief, clear description of the purpose of the study and what the study aims to find out. Use age-appropriate language and avoid technical terms.]

What will happen if I take part in this research study?

You can discuss this with your parents or guardian before deciding if you want to participate. If they give their permission, you still have the choice to say "yes" or "no." You can also stop participating at any time, and there will be no negative consequences for doing so.

If you agree to participate, here's what you'll be asked to do:

[List the specific activities the participant will take part in and describe the location if applicable.]

How long will I be in the research study?

[Indicate the expected duration of participation, including any follow-up if necessary.]

Are there any risks?

[List any potential risks or discomforts. If there are no expected risks, mention that.]



Are there any benefits?

You might benefit from this study by [mention any possible personal benefits]. [Alternatively, explain the general benefits to society or science, or state that “You may not benefit directly from this study.”]

Will I be paid for participating?

[State if there is payment involved. If there is none, say “You will not receive payment for participating.”]

How will my information be kept confidential?

Your information will remain private and will only be shared if you give permission or if required by law. [Describe steps to keep information secure, e.g., "using secure data storage."]

Who can I contact if I have questions?

If you have any questions or concerns, you may contact [provide the names and contact information of the research team members].

SIGNATURE OF STUDY PARTICIPANT

I understand what I’m being asked to do in this study. My questions have been answered, and I agree to participate.

Name of Participant: _____

Signature of Participant: _____

Date: _____

Name and Signature of Person Obtaining Consent: _____

Date: _____