



**ASSENT FORM FOR CHILDREN AND YOUNG PEOPLE
AGED 6-15 YEARS, Version 2 - 08.03.18**

**A research study to determine the genetic causes of PSC and
childhood autoimmune liver disease**

Please fill in this form if you want to take part in the research study. Talk to your parents or guardian about the information sheet that your doctor or nurse gave you (version 2).

Put a circle around the answers that you agree with like this,

Yes

No

Have you read (or had read to you) about this project?	Yes	No
Have your parents and doctor/nurse 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
Did you get answers to your questions?	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 if you **do not** want to take part, **do not** sign your name.

If you do want to take part, please provide your signature and the date in the box below.

YOUR NAME (PRINT).....

Signature..... Date.....

*PARENT/GUARDIAN NAME

(PRINT).....

RELATIONSHIP TO CHILD

Signature..... Date.....

*PARENT/GUARDIAN NAME

(PRINT).....

RELATIONSHIP TO CHILD

Signature..... Date.....

NAME OF PERSON OBTAINING CONSENT

(PRINT).....

Signature..... Date.....

*Only one parent/guardian needs to sign but if both wish to they can.