



**अखिल भारतीय आयुर्विज्ञान संस्थान राजकोट, गुजरात 360006**  
**All India Institute of Medical Sciences, Rajkot, Gujarat 360006**  
Institute of National Importance under PMSSY, MoHFW  
Government of India [www.aiimsrajkot.edu.in](http://www.aiimsrajkot.edu.in)

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**Assent Form**

STUDY TITLE:

PROTOCOL NO:

SPONSOR:

PRINCIPAL INVESTIGATOR:

Name of Participant:

We are doing a research study. I am Dr.

We are doing this study .....

We are asking you to take part in this study because you meet the criteria to take part in this study.

But we will include you in the study only if you allow us. If you do not want to do so, your treatment will continue as usual. If you decide to take part now but wish to discontinue later, you can tell us and we will take you out of the study.

Once you agree to take part, you will be requested to give a blood/ sample for investigation. You will be requested for other test(.....).

These procedures are very safe, but can cause mild temporary discomfort.

It is possible that the study will help you feel better. It may also occur that you do not get any direct benefit but the information we get from you can help other children in future.

We have asked your parents [or guardian] their permission and they have agreed.

Do not hesitate to ask questions. You can also ask us about anything later on if there are no questions right now.

I have been explained about the study and I agree to take part in it.

Child's signature

Child's Name: Date:

Certificate by the Investigator (his/her representative obtaining assent) :



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Tick one      Signature of the Investigator / representative

The child can read the assent form and was able to understand it

The child was not capable of reading the assent form, but I verbally explained the information.

Name of Investigator / representative:      Date: