## Consent to Take Part in this Research Study and Authorization to Use and Disclose Health Information for the Research

The research study and consent form have been explained to you by:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Person Obtaining Consent |  | Signature of Person Obtaining Consent |
|  |  |  |
|  |  | Date |

By signing this form, you are indicating that you have had your questions answered, you agree to take part in this research study and if you are giving permission for a child or consent for an adult to participate in this research study, you are legally authorized to consent to the child’s or adult’s participation. You are also agreeing to let CHOP use and share the health information that will be collected for this study, as explained above. If you don’t agree to the collection, use and sharing of health information, you cannot participate in this study.

**NOTE:** *A foster parent is not legally authorized to consent for a foster child’s participation.*

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|  |  |  |
| Name of Subject |  |  |
|  |  |  |
| Signature of Subject (18 years or older) |  | Date |
|  |  |  |
| Name of Authorized Representative  (if different than subject) |  | Relation to subject:  Parent  Legal Guardian   Legally Authorized Representative  Legal Guardian |
|  |  |  |
| Signature of Authorized Representative |  | Date |

## Assent to Take Part in this Research Study

### For children (or adults with diminished capacity) capable of providing assent:

I have explained this study and the procedures involved to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in terms he/she could understand and that he/she freely assented to take part in this study.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Person Conducting Assent |  |  |
|  |  |  |
| Signature of Person Conducting Assent |  | Date |

This study has been explained to me and I agree to take part.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Subject (optional) |  | Date |

### For children (or adults with diminished capacity) unable to assent:

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was not capable of understanding the procedures involved in the study sufficiently to assent to study participation.

|  |  |  |
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| Person Responsible for Conducting Assent |  |  |
|  |  |  |
| Signature of Person Responsible |  | Date |