# ORI Logo

# Institutional Review BOard

# Minor ASSENT FORM

|  |
| --- |
| **MINOR ASSENT PROCEDURES** |
| * ***Use of this template is optional.*** However, by federal regulations ([45 **CFR** 46.116](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html#:~:text=The%20HHS%20regulations%20require%20that,been%20waived%20by%20an%20IRB.)), all consent documentation must address each of the required elements listed below (purpose, procedures, duration, benefits, risks, alternative procedures, confidentiality, whom to contact in case of injury, and a statement that participation is voluntary).
* Documentation must be completed by the Principal Investigator and signed by each assenting minor.
* Parental consent must be obtained before soliciting the assent of any minor participating in the study.
* Signed copies of the IRB approved assent form should be provided to a parent or guardian of every assenting minor.

 Last Edited August 13th, 2021 |

|  |
| --- |
| Today’s date:           |
| Project INformation |
| Project Title:       |
| Protocol Number:       |
| Principal Investigator:       | Phone:       | Email:       |
| College:            | School and Program:       |
| RESEARCH DESCRIPTION |
| 1. **Why am I being asked to participate?**  [In an age appropriate manner, describe purpose of the investigation, why it is being performed and what use may be made of the results.] 2. **What will I have to do?**  [In an age appropriate manner, describe the experimental procedure(s), including duration, amount of time required of the participants, number of participants, restrictions on normal activities, etc.] 3. **What do I get if I agree to participate?**  [In an age appropriate manner, describe any benefits that may occur to the participant or to others as a result of participation in the study, including all benefits or payments.] 4. **Can anything bad happen if I participate?** [In an age appropriate manner, describe any known physical, psychological, social, or financial research-related risks, inconveniences, or side effects (expected and potential) and indicate what measures will be taken to minimize them. If the potential for medical injury exists, identify treatment procedures or the absence thereof.]5. **Who will get to see information about me?**[In an age appopriate manner, describe confidentiality procedures. Detail the extent, if any, to which confidentiality of records identifying the participant will be protected.] 6. **What if I do not want to participate?**  [In an age appropriate manner, describe alternatives to participation that will be presented to participants in the study (generally another accepted course of therapy or diagnostic procedure, etc.).] 7. **Who may I contact if I have other questions or concerns about my participation?** This project has been approved by the Institutional Review Board. Its job is to protect research participants. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997.  |
| ASSENT TO PARTICIPATE IN RESEARCH |
| Participant's Name:       | Participant's Age:       |
| Person Soliciting Assent:                 |
| Check one of the following (to be completed by the person soliciting assent): [ ]  In my opinion, this minor is able to provide informed assent (proceed to Agreement to Participate).[ ]  In my opinion, this minor is unable to provide informed assent for the following reason(s) (do not proceed):           |
| AGREEMENT TO PARTICIPATE |
| I agree to participate in this research project. The project has been fully explained to me and I was given the chance to ask any questions I have about it. I understand that I can stop participating at any time.           **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Research Participant Person Soliciting Assent** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Date** |