

Minor Assent Form Template & Instructions

Below is the standard Assent Template that all CSUB Investigators must use, please do not deviate from this format. Under each section are instructions for you to understand what each section requires. **It should be written directly to your participant rather than just copying and pasting from your protocol. Please remember to remove the instructions only meant for the research team.**

All headings/sections in **RED** are required.

*All headings in **BLACK** may or may not be applicable

Remember, your form must be written at the level of understanding of your participants! We provide the opening paragraph for you below to give you a sense of how the document should be written.

ASSENT TO VOLUNTARILY PARTICIPATE IN A RESEARCH STUDY

Protocol Number:

Title of the Project:

Principal Investigator: [Name, credentials, institutional affiliation]

Co-investigator: [Name, credentials, institutional affiliation]

Faculty Advisor: [Name, credentials, institutional affiliation]

Student Researcher: [if applicable, Name, credentials, institutional affiliation]

A research study is when a lot of information is collected about a certain thing to learn more about it. If your parents say it's okay, this information will help you decide if you want to be a part of this research study or not. Before you decide, you can talk about it with your parents or anyone else you like.

What we are asking you to do: (Purposes of the research)

Instructions for Research Team: What we are looking for here is a statement that the study involves research, an explanation of the purpose(s) of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures that are experimental.

Will being in this study hurt me in any way? (Risks)

Instructions for Research Team: What we are looking for here is a description of any reasonably foreseeable risks or discomforts to the subject. If you plan to collect data face-to-face and in-person, use the Covid-19 Health and Safety checklist and incorporate this into your protocol.

Note: Every study includes foreseeable risks, as minimal as they may be.

Will being in this study help me in any way? (Benefits)

Instructions for Research Team: What we are looking for here is a description of any benefits to the subject or to others that may reasonably be expected from the research. Important to note: most CSUB studies do not provide immediate benefits to the participants, and that is ok. If this is the case, please include a statement like "There are no immediate benefits to the participants".

*** If I don't want to be in this study, what can I do instead? (Alternative procedures or courses of treatment, if any, that might be advantageous to the subject)**

Tip for Research Team: A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

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What will you do with information about me? (Confidentiality of records)

Instructions for Research Team: A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. Here we need you to explicitly convey to the participants that it is your responsibility to keep all data confidential, including storage of the informed consent forms, whether physically or electronically, stored for a period not less than 3 years in a locked container or encrypted file and thereafter can be destroyed.

***Any psychological or medical treatments if injury occurs & who to contact**

Instructions for Research Team: What we're looking for here is an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.

What if I have questions about this study?

Faculty Investigator name
Faculty Investigator address
Faculty Investigator phone and email address

Student Investigator name
Student Investigator phone and email address

What if I have questions about my rights?

Dr. Marianne Wilson
University Research Ethics Review Coordinator for Human Subjects
Psychology Department
California State University, Bakersfield
9001 Stockdale Highway
Bakersfield, CA 93311-1099
mwilson52@csub.edu
661-654-2075

Do I have to be in this study? (Voluntary Participation in the Study)

Instructions for Research Team: What we are looking for here is a statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and the participant may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

***Collection of identifiable private information or identifiable biospecimens**

Instructions for Research Team: What we are looking for here is one of the following statements about any research that involves the collection of identifiable private information or identifiable biospecimens:

(i) A statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative, if this might be a possibility;
or

(ii) A statement that the subject's information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

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***Risks to participants (or to the embryo or fetus), during Treatment or procedure(s)**

Instructions for Research Team: What we are looking for here is a statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) that are currently unforeseeable.

Other things that may happen

Instructions for Research Team: What we are looking for here is any anticipated circumstances under which the participant's involvement in the study may be terminated by the investigator without regard to the participant's or the legally authorized representative's consent.

Does this cost anything? (Any additional costs)

Instructions for Research Team: What we are looking for here is any additional costs to the subject that may result from participation in the research. Note: There may be instances where there are no additional costs, please state this.

***Significant new findings**

Instructions for Research Team: What we are looking for here is a statement that significant new findings developed during the course of the research that may relate to the participant's willingness to continue participation will be provided to the subject.

How many people will take part in this study? (*Number of subjects involved in the study)

Instructions for Research Team: The approximate number of subjects involved in the study.

***Biospecimens**

Instructions for Research Team: If applicable, what we are looking for is a statement that the subject's biospecimens (even if identifiers are removed) may be used for commercial profit and whether the subject will or will not share in this commercial profit.

***Clinically relevant research results**

Instructions for Research Team: If applicable, what we are looking for is a statement regarding whether clinically relevant research results, including individual research results, will be disclosed to subjects, and if so, under what conditions.

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. The researcher(s) will give you a copy of this document for your records and will keep a copy with the study records for a period of 3 years and may be destroyed thereafter. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

Adolescent Subject's Name (Printed)

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Adolescent's Signature

Date

Name of Person Conducting Assent Discussion (Printed)

Signature of Person Conducting Assent Discussion

*If verbal assent only is being obtained:

Investigator or Person Conducting Assent Discussion: Initial here if child cannot sign, to document that child received this information and gave assent verbally: _____