



A minor's (ages 6 to 10) informed consent for a clinical trial

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Name of trial: _____

Doctor's name: _____



■ My doctor has asked me to take part in this trial. I would be suitable for the trial because _____.

■ This trial helps to find out if the study medication will help children feel better.



■ During the trial I will have a doctor's appointment _____ times. The last appointment will be on _____. The doctor will do research _____.



■ My doctor has told me about this trial. _____.
He/she has told me what will happen during the trial. I have been able to ask questions about the trial.



■ The medicine may cause me _____, but usually that goes away quickly. _____.

■ If I notice I feel different, I should tell _____ about it right away and _____ will tell my doctor about it.

■ My doctor has spoken with _____ about the trial. _____ also consented to my participation in the trial.

■ I have been allowed to say if I want to take part in this trial. I know I don't have to if I don't want to.

■ If I later want to stop taking part in the trial, no one will be angry at me. In that case I should tell _____ or some other grown-up who is working with the trial. The doctors and nurses will still take care of me in the best possible way.

■ It could also happen that my doctor thinks I shouldn't continue taking part in the trial. In that case the doctor will tell _____ and me about it, and I will get another treatment that is just as good as before.

■ Only I, _____, my doctor and the grown-ups working with this trial will get to see information about me.

If I want to take part in this trial, I will write my name below.



My name: _____

Date: _____

Doctor's name _____

and signature: _____



Date and place: _____