

Assent for children and young people: To be read and discussed

YOUNG PERSON ASSENT FORM SCREENING STUDY

Study Name: adAPT - autoimmune diabetes ACCELERATOR PREVENTION TRIAL

Study Doctor: _____ (PI name)

Child (or if unable, parent on their behalf) / **young person** to circle all they agree with:

Have you read (or had read to you) about this study? Yes / No

Has somebody else explained this study to you? Yes / No

Do you understand what this study is about? Yes / No

Have you asked all the questions you want? Yes / No

Have you had your questions answered in a way you understand? Yes / No

Do you understand it is okay to stop taking part at any time? Yes / No

Do you want to have any leftover blood from your study test to be kept using a code so you will not be identified and used in new medical research? Yes / No

Will you allow us to write or phone to tell you about new research? Yes / No

If you don't want to take part, please **don't** sign your name.

If you **do** want to take part, please write your name below:

Your name: _____

Date: _____

The person who explained the project should fill in this next part:

Print name: _____

Sign: _____

Date: _____

Your parent or the person who looks after you should fill in this next part:

Print name: _____

Relationship: _____

Sign: _____

Date: _____

Three copies required: 1 for parent/guardian, 1 for participant's GP and the original for the Site File
