NOTE TO INVESTIGATORS: This is the child assent 13-17 form. We request that you submit to the RSRB a consent form where the text you have added is in black and all blue text is left unchanged.

We acknowledge there may be some deviations from the established language (all blue text) based on the nature of your study. Be sure to eliminate all brackets and eliminate this page before submission. Eliminate those paragraphs within the brackets which were for clarification.
Assent Form
Adolescents ages 13-17

[Insert Title of Study]

**Principal Investigator:** [Insert Name]
**Faculty Advisor:** [Insert or delete if not applicable.]

**What are some general things you should know about research studies?**
You are being asked to take part in a research study. Your parent or guardian needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission. You are free to choose whether or not to be in this study. You may decide not to join, or, if you join, you may decide to stop being in the study, at any time, for any reason, without penalty.

**What is the purpose of this study?**
Research is how we learn new things. The purpose of this research study is to learn about how the [brain, or other body part if appropriate] work.

**What will happen if you take part in the study?**
If you decide to take part in this study, you will be asked to lie in a machine that allows us to take pictures of your brain. This machine is safe but there is not a lot of space in it. To take the pictures, your head will be placed in a helmet and you will be asked to lie very, very still. The machine makes lots of noise when it is working, so we will ask you to wear hear plugs. We will also give you a ball that you can squeeze at any time if you want the machine to stop and get out. You will be able to talk to us and we can see you on our big TV screen.

You do not have to be in this study. Even if your parents say it's OK for you to be in the study, you can still say NO. If you do not want to, you can say so now. If you say yes but change your mind later, you can stop whenever you want.

Do you have any questions? Do you think you want to be in the study?

**How long will your part in this study last?**
Your participation in this study will last [Indicate the length of time of the individual subject’s active involvement. If not previously stated in the procedures section, include the expected time needed for study visits/procedures as well as the overall length of time.]
What are the possible risks or discomforts involved from being in this study?
There is no immediate risk from exposure to magnetic fields of 1.5 or 3 Tesla. Possible anxiety may result from claustrophobia or dizziness experienced by the subjects when placed in the magnet. During the brain imaging part of the experiment, subjects must remain in the bore of the magnet, which is approximately 3 feet in diameter. Also, the scanning coil closely encloses the subject's head. These two factors may increase the likelihood of claustrophobia. Should the subject feel discomfort the experiment will be terminated upon their request.

In rare cases, contact with the MRI transmitting and receiving coil or conductive materials such as wires, or skin-to-skin contact that forms conductive loops, may result in excessive heating and burns during the experiment. The operators of the MRI scanner will take steps, such as using foam pads when necessary, to minimize this risk. The subjects will be informed of the risk and instructed to immediately report any heating sensations. In the rare event that this would occur the experiment will be terminated and if necessary have the subject seek medical treatment.

Subjects will be screened for magnetic material before each study (see attached screening form). Subjects with pacemakers, aneurysm clips (metal clips on the wall of large artery), metallic prostheses (including heart valves and cochlear implants) or shrapnel fragments are at risk in an MR environment. Welders and metal workers are also at risk for injury because of possible small metal fragments in their eyes. Those at risk will be excluded from the study. The effect of exposure to MRI scanning on an unborn child is unknown. Exposure to MRI scanning might be harmful to a pregnant female or an unborn child. There are no established risks at this time, but the subjects will be informed that there is a possibility of a yet undiscovered pregnancy related risk. Functional MRI scanning produces a loud tone that can cause damage to the inner ear if appropriate protection is not used. Adequate protections in the form of earplugs or close fitting silicon-padded headphones will be provided."

The University of Rochester makes every effort to keep the information collected from you private. In order to do so, we will [insert protection measures]. Sometimes, however, researchers need to share information that may identify you with people that work for the University, the government or the study sponsor. If this does happen we will take precautions to protect the information you have provided. Results of the research may be presented at meetings or in publications, but your name will not be used.

What are the possible benefits from being in this study?
[Choose or modify ONE of the following sentences as appropriate to the specific study:]
You will not benefit personally from being in this research study.
- OR -

RSRB XXXXX AF RCBI Page 3 of 5 Date ________
You might not benefit from being in this research study. The potential benefit to you from being in this study might be [List any direct benefits to the subject that might reasonably be expected from the research.]

**Will you get any money or gifts for being in this study?**
[Choose or modify ONE of the following sentences as appropriate to the specific study:]
You will not be paid or given anything for being in this study.
- OR -
You will be paid $XX for being in this study. [If subjects are to be paid for participation, specify the amount, schedule of payment and conditions for payment. When applicable, payments should be based on a prorated system. If subjects will be given some token “gift” (e.g., a toy), instead of payment, describe in appropriate terms.]

**What if you have questions about your rights as a research subject?**
Please contact the University of Rochester Research Subjects Review Board at 265 Crittenden Blvd., CU 420628, Rochester, NY 14642, Telephone (585) 276-0005 or (877) 449-4441 [insert country code (001) if applicable] for the following reasons:
- You wish to talk to someone other than the research staff about your rights as a research subject;
- To voice concerns about the research;
- To provide input concerning the research process;
- In the event the study staff could not be reached.

**Do I have to be in this study?**
Taking part in this research study is your choice. You are free not to take part or to withdraw at any time, for whatever reason. No matter what decision you make, there will be no penalty or loss of benefit to which you are otherwise entitled. In the event that you do withdraw from this study, the information you have already provided will be kept in a confidential manner.
SIGNATURE/DATES

Subject Assent
I have read (or have had read to me) the contents of this assent form and have been encouraged to ask questions. I have received answers to my questions. I agree to take part in this study. I have received (or will receive) a copy of this form for my records and future reference.

____________________________________
Print name if you agree to be in the study

____________________________________
Sign name if you agree to be in the study

Date

Person Obtaining Assent
I have read this form to the subject and/or the subject has read this form. I will provide the subject with a copy of this assent form. An explanation of the research was given and questions from the subject were solicited and answered to the subject’s satisfaction. In my judgment, the subject has demonstrated comprehension of the information. I have given the subject adequate opportunity to read the assent before signing.

____________________________________
Name and Title (Print)

____________________________________
Signature of Person Obtaining Assent

Date