

# National Registry of Rare Kidney Diseases (RaDaR)

## Adolescent Assent Form

Patient Identification:  
(Please affix Hospital Label if available)

First Name:  
Last Name:  
NHS No/CHI No:  
D of B:

Please read this form with your parent/guardian and circle 'yes' if you agree with the question. If you don't agree with a question or you don't want to take part, please don't sign this form.

Have you read (or had read to you) information about RaDaR?	Yes / No
Has somebody explained RaDaR to you?	Yes / No
Do you understand what RaDaR is about?	Yes / No
Have you asked all the questions you want to?	Yes / No
Have you had your questions answered in a way you understand?	Yes / No
Do you agree to sign up for Patient View if it's available in your hospital?	Yes / No
Do you understand that it's OK to stop taking part at any time?	Yes / No
Are you happy to take part?	Yes / No

Your name.....

Date.....

Your signature.....

Researcher's name .....

Date.....

Researcher's signature .....

Consent obtained in person/by post (delete as applicable)

Thank you for your help.

*Copies: 1 for patient, 1 for the site file, original in hospital notes*