

National Study of Nephrotic Syndrome in Childhood (NephroS) - Assent Form

RaDaR database number

Please read this through with your parent/guardian and circle everything you agree with

- | | |
|--|--------|
| Have you read (or had read to you) information about this project? | Yes/No |
| Has somebody else explained this project to you? | Yes/No |
| Do you understand what this project 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's OK to stop taking part at any time? | Yes/No |
| Are you happy to take part? | Yes/No |

If any answers are 'no' or you **don't** want to take part, don't sign your name!

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

Your Name _____

Date _____

The researcher who explained this project to you needs to sign too.

Print Name _____

Sign _____

Date _____

Copies: 1 for patient, 1 for hospital notes. Original in local study file.