



Institutional Review Board

1204 Marie Mount Hall • 7814 Regents Drive • College Park, MD 20742 • 301-405-4212 • irb@umd.edu

CONSENT TO PARTICIPATE

Project Title	SAMPLE ASSENT FORM 13-17 Y.O.
Purpose of the Study	This research is being conducted by Dr. John Jones at the University of Maryland, College Park. We are inviting you to participate in this research project because We want to learn ways to provide better support services for the people who take care of others who are ill. We also want to help the families of these caregivers.
Procedures	If you agree to be part of this study at least one of your parents must give his or her permission. You will talk to an interviewer about how this experience affected you. An interviewer will come to your home to talk with you when it is convenient for you and your parent. The interview will take about 45 minutes. We would like to audiotape the interview to make sure that our conversation is recorded accurately. But, you can still be a part of the study if you don't want to be audiotaped.
Potential Risks and Discomforts	Sometimes, answering questions about this time in your family's life may be uncomfortable. You can choose not to answer a question or you may stop the interview at any time. Just tell the interviewer you want to stop.
Potential Benefits	You may not receive a direct benefit from participating. We hope that what we find out in this study will help us to create better support services for other families.
Confidentiality	Any potential loss of confidentiality will be minimized by storing data in a secure location such as: locked office and password protected computer. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.
Medical Treatment [*If Necessary]	The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this

	<p>research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.</p>
<p>Compensation [*If Necessary]</p>	<p>You will receive \$30. You will be responsible for any taxes assessed on the compensation.</p> <p>If you will earn more than \$100 as a research participant in this study, you must provide your name, address and SSN to receive compensation.</p> <p>If you do not earn over \$100 only your name and address will be collected to receive compensation.</p>
<p>Right to Withdraw and Questions</p>	<p>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</p> <p>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</p> <p style="text-align: center;">Dr. John Jones 1234 Not a Real Location NotaRealEmailAddress Fake Phone Number</p>
<p>Participant Rights</p>	<p>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</p> <p style="text-align: center;">University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p>This research has been reviewed according to the University</p>

	of Maryland, College Park IRB procedures for research involving human subjects.	
Statement of Consent	Your signature indicates that you have read this assent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed assent form.	
	If you agree to participate, please sign your name below.	
Signature and Date	NAME OF PARTICIPANT [Please Print]	
	SIGNATURE OF PARTICIPANT	
	DATE	