(\*\*\*Hospital headed paper\*\*\*)

*Patient name:*

*Patient study identifier* ([\_\_\_][\_\_\_][\_\_\_] -[\_\_\_][\_\_\_][\_\_\_][\_\_\_])

## YOUNG PERSON (12 YEARS AND OLDER) ASSENT FORM

**ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections - SARI INTERNAL PILOT STUDY**

**ASSENT OF COMPETENT YOUNG PEOPLE**

**Consistent with best practise, when appropriate children and young people should be invited to indicate they are willing to participate in this study (assent). Should a competent young person decline to being involved, our study protocol is that the young person’s decision should be respected.**

### Please tick the box if you agree.

1. I have read the leaflet about the study and understand it.
2. I know I do not have to take part if I don’t want to and can change my mind. The doctors and nurses will still look after me.
3. I do not mind if someone doing the research looks at my medical records to see if the study is done in the right way. I know the people doing the research will keep personal things about me private.
4. I agree to share information from my medical records.
5. I agree to take part in the study.

1. I agree to let someone talk to me about another study in the future, after this study ends.

OR IF YOU DO NOT AGREE, TICK HERE [ ]

Name of Patient Date Signature

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Guardian/Carer Name in Block Letters)

Name of Person taking consent Date Signature

(Research team member or health professional trained in taking consent for this study)

Researcher Date Signature

**1 for patient; 1 for researcher; 1 to be kept with hospital notes**