

First name	NHS number (or postcode if not known)							
Last name	Date of birth							
	d	d	m	m	y	y	y	y

The National Genomic Research Library Young Person Assent Form

Feel free to ask any questions before **circling** your answers to the questions below

1. Have you read information or has someone explained the research to you? YES | NO
2. Have you asked all the questions you want? YES | NO
3. Have you had your questions answered in a way you understand? YES | NO
4. Do you understand it's OK to say you don't want to take part – but that your parent(s), or guardian who look after you, will make the final choice? YES | NO
5. Are you happy to take part? YES | NO

If ANY of your answers are 'NO', or you don't want to take part

- Don't sign your name on this form
- Tell your parents and healthcare team how you feel, so they know

If ALL of your answers are 'YES'

- Please write your name, sign in the box, and write today's date below

Your name	Signature	Date
.....		d d / m m / y y y y