Contact for study information:

Dr Angela Lucas-Herald

Royal Hospital for Children, Glasgow

Tel. 0141 451 5841

Contact for independent study advice:

Dr Martina Rodie

Royal Hospital for Children, Glasgow

Tel. 0141 451 5843

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**STUDY ON THE HEALTH OF BLOOD VESSELS OF BOYS**

**Assent form for young person - case**

**Study number:**

**Name of participant (block capitals):**

**Please circle your answers:**

|  |  |
| --- | --- |
| Have you read (or had read to you) the information about this project? | Yes / No |
| Has somebody 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 to ask? | Yes / No |
| Have your answers been answered in a way that you understand? | 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 |
| Are you happy for your blood to be sent for DNA analysis? (Looking at the instructions in your body which tell them how their cells should work) | Yes / No |

Your name:

Signature:

Date:

The doctor who explained this project to you needs to sign too:

Print name:

Signature:

Date:

**Thank you for your help.**

**You will receive a copy of this form.**