



COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH INSTITUTIONAL REVIEW BOARD (CSIR-IRB) CHILD ASSENT FORM

General Information

My name is *[Insert name]* and I am from the *[insert department]* at *[insert institution]*. I am conducting a research study entitled *[insert title]*. I am asking you to take part in this research study because I am trying to learn more about *[insert purpose]*. This will take *[insert length of participation]*.

If you agree to be in this study, you will be asked to *[insert the main research procedure such as completion of survey, body measurements, drug intake, sample collection etc]*.

Possible Benefits

(Description of any reasonably foreseeable risks or discomfort to the participant. Include physical, social and psychological risk if anticipated.)

Possible Risk

(Specific language about benefits to individuals and/or society that can be reasonably expected.)

Compensation

(If there are any compensation packages either in cash or kind available for participants it must be clearly spelt out in terms of the actual amount to be given or gift to be given, conditions for receiving the package and when it will be made) Usually compensation should be given at the end of the study

Alternatives to Participation

Disclosure of appropriate alternatives or courses of treatment, if any, that might be advantageous to the subject). (This does not apply to all studies and usually used for intervention studies)

Confidentiality

(A statement describing the extent, if any, to which confidentiality of records identifying the subjects will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your research records")

Voluntary Participation and Right to Leave the Research

(A statement that the research is voluntary and participant can withdraw without penalty but can only participate with the permission from their parents)

Contacts for Additional Information

(Give an explanation of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and mobile numbers that are accessible to the participant

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board and Institutional Animal Care and Use Committee of Council for Scientific and Industrial Research (CSIR-IRB/IACUC). If you have any questions about your rights as a research participant you can contact the IRB/IACUC Office between the hours of 8am-5pm through the landline 0302777651 or email addresses: csirirb_iacuc@csir.org.gh or csir.irb.iacuc1@gmail.com or pselormey@gmail.com.

You may also contact

the chairman, Mr. Okyere Boateng through mobile number 0204362635 when necessary.

NB: By signing below, it means that you understand and know the issues concerning this research study. If you do not want to participate in this study, please do not sign this assent form. You and your parents will be given a copy of this form after you have signed it.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (*name of research*) has been read over and explained to me in (**language**) by (**name of the person obtaining consent**) in the presence of (**name of Parent**) and I (**name of child**) have perfectly understood the explanation. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Signature or mark of volunteer (Child's)

Date

Signature of Witness (parent' s)

Date

Signature of Person Who Obtained Consent