**ISARIC/WHO Clinical Characterisation Protocol - IRAS Ref. 126600 / 279826**

**EXTRA CONVALESCENT SAMPLING - INFORMATION SHEET AND ASSENT FOR CHILDREN YOUNGER THAN 12 YEARS OLD**

30th August 2022. Version 10.2
Local lead investigator: **[\*\*\*local\_investigator\_name\*\*\*]**

Parents/guardians/carers are asked to go through this information with their child.

**Please ask study staff if you or your child has any questions.**

You are helping us to find out why and how you were unwell so that we can help other children like you. Now that you are better, we would like to ask you for some extra blood samples, to help our research.

**What does this mean for me?**

If you and your parent/guardian agree, we would use a needle to take some extra blood samples from you.

The amount of blood we would take will be calculated based on your child’s weight, at 2.4ml/kg, that is less than half a teaspoon per kilogram.

**Do I have to take part?**

It is up to you and your parents to decide if you would like to take part in helping us.

If you don’t want to take part, then you don’t have to.

Either way, your decision will not affect your care and treatments in any way.

**What will happen to my samples?**

We will use the samples to see how your body fights infections, and to help us develop tests and scientific products.

**Are there any benefits or risks to taking part in this part of the study?**

Taking part in this part of the study won’t benefit you, but the research might help others in the future. There might be a bit of discomfort during the blood donation, but you should not have any side-effects, and you won’t have to change how you behave afterwards.

PARTICIPANT ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**ISARIC/WHO Clinical Characterisation Protocol**

**YOUNG CHILD (<12 YEARS OLD) ASSENT FORM – EXTRA CONVALESCENT SAMPLING**

Please tick the boxes if you agree. If you don’t agree, leave the boxes empty.

|  |  |
| --- | --- |
| I have been told about the study and given the information sheet about it and have had the chance to ask questions. |  |
| I know I don’t have to take part. If I do, I can change my mind – the doctors and nurses will still look after me. |  |
| I do not mind if someone doing the research looks at my medical records and collects my information - I know the people doing the study will keep personal things about me private. |  |
| I understand samples for the study may be collected from me when I am in hospital. |  |
| I agree to take part |  |

Name of Young Participant (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian/Carer (PLEASE PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

Name of Person taking assent (PLEASE PRINT): \_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

**Witnessed Assent**
*If the assenting person cannot read the form or the completed form is contaminated and cannot be removed from the participant’s room:* I have no interest or involvement in this research study. I have been introduced to the participant and identified as a witness to their assent. I attest that the information concerning this research was accurately read and explained to the participant in language they can understand. I attest that assent was freely given by the participant.

Witness name (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

**Thank you for your contribution to this important global research activity.**