

*Patient Name ……………………………………………………*

*Sample Number ……………………………………………………*

**CHILD ASSENT FORM**

**Study title**: *Sampling of the wall of the lateral Ventricle (SOLVe)*

*Child (or if unable, parent on their behalf)/young person to circle all they agree with:*

*Has somebody else explained the project to you Yes/No*

*Do you understand what this project is about? Yes/No*

*Have you asked all the questions you want? Yes/No*

*Have you had your questions answered in the way you understand? Yes/No*

*Do you understand it’s ok to stop taking part at any time? Yes/No*

*Are you happy to take part? Yes/No*

**If any answers are ‘no’ or you don’t want to take part, don’t sign your name!**

**If you do want to take part, you can write your name below**

*Your name ……………………………………………….. Date ………………………………………………..*

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

*Print name ……………………………………………….. Date ………………………………………………..*

*Sign ………………………………………………..*

*Thank you for your help*