

In case of reply the number  
And the date of this  
Letter should be quoted

My Ref. No.....

Your Ref. No.....



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## KORLE BU TEACHING HOSPITAL REVIEW BOARD (KBTH-IRB) CHILD ASSENT FORM

### Introduction

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]*.

### General Information

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

Your participation in this study will result *[insert benefits and compensation]*.

### Possible Risks and Discomforts

However, the risks associated are *[insert risks]*.

### Voluntary Participation and Right to Leave the Research

You can stop participating at any time if you feel uncomfortable. No one will be angry with you if you do not want to participate.

### Confidentiality

Your information will be kept confidential. No one will be able to know how you responded to the questions and your information will be anonymous.

### Contacts for Additional Information

You may ask me any questions about this study. You can call me at any time *[insert contact information]* or talk to me the next time you see me.

Please talk about this study with your parents before you decide whether or not to participate. I will also ask permission from your parents before you are enrolled into the study. Even if your parents say “yes” you can still decide not to participate.

### Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Korle Bu Teaching Hospital for Medical Research (KBTH-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline **0302666766** or email addresses: **rdo@kbth.gov.gh**

**VOLUNTARY AGREEMENT**

By making a mark or thumb printing 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.

This assent form which describes the benefits, risks and procedures for the research titled *[insert title]* has been read and or explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate.

**Child's Name:**.....

**Researcher's Name:**.....

**Child's Mark/Thumbprint**.....

**Researcher's Signature:**.....

Date: .....

Date: .....