**Approval Date:** monthname dd, yyyy

For the Assent of decisionally impaired **ADULTS (18 or older) who are unable to provide consent (i.e., adults for whom LAR provides consent)**

**🡺** Instructional text is in blue and should be removed prior to submission to the IRB.

🡺 Blue text in parentheses ( ) should be replaced by information for your study e.g., (your name here)

🡺 Elements may be removed at the Protocol Director's discretion.

🡺 Consider using large font if you anticipate recruiting participants with visual impairments, e.g., older populations, or for eye studies

**Study Title:**

1. **What will happen to me in this study?**

**Description of the study:**

Explain the reason for the research.

Describe what the participant will be expected to do.

Describe which part of the study is experimental.

Describe all procedures using simple terms and explaining any medical terms.

1. **Can anything bad happen to me?**

**Risks or discomforts of participating:**

Explain any possible risks to the participant, using simple terms.

If something might be painful, state this in the assent.

Explain that the participant should inform their LAR/guardians/caregivers if they are sick or in pain as a result of being in the study.

1. **Can anything good happen to me?**

**Benefits of participating:**

Only describe known benefits to the participant.

You may include any possible future benefits to others.

If there are no known benefits, state so.

1. **Do I have other choices?**

**Appropriate alternatives:**

Describe any alternative procedures that might be available to the participant other than this study.

***If none***, this section can be omitted.

1. **Will anyone know I am in the study?**

**Confidentiality:**

Explain in simple terms that the subject’s participation in the study will be kept secret, but information about them will be given to the study sponsor.

1. **What happens if I get hurt?**

**Compensation for participation/medical treatment:**

Describe that the participant’s LAR has been given information on what to do if the participant is injured during the study.

1. **Who can I talk to about the study?**

**Contact information:**

List people the participant can contact if they have any questions or problems related to the study, *for example:*

If you have any questions about the study or any problems to do with the study you can contact the Protocol Director (name of Protocol Director). You can call them at (Protocol Director’s phone number). You can also call (name) at (phone number).

***Keep the following sentence in exactly as written*:**

If you have questions about the study but want to talk to someone else who is not a part of the study, you can call the Stanford Institutional Review Board (IRB) at 650-723-5244 or toll free at 1-866-680-2906.

1. **What if I do not want to do this?**

**Voluntary participation:**

***Keep the following sentence as written, or use similar wording*:**

You can stop being in the study at any time without getting in trouble and your doctor will continue to treat you if treatment is necessary and available.

If you don’t want to be in the study please tell (name of Protocol Director) at any time.

Signature

If you agree to be in this study, please sign or indicate here:

 Signature of Participant Date

 Printed name of Participant