**Fecha de aprobación:** nombredelmes dd, aaaa

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

**Título del estudio:**

1. **¿Qué me sucederá durante este estudio?**

**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. **¿Me puede pasar algo malo?**

**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. **¿Me puede pasar algo bueno?**

**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. **¿Tengo otras opciones?**

**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. **¿Alguien sabrá que estoy en el estudio?**

**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. **¿Qué sucede si me lastimo?**

**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. **¿Con quién puedo hablar sobre el estudio?**

**Contact information:**

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

Si tiene preguntas sobre el estudio o problemas relacionados con el estudio, puede comunicarse con el director del protocolo (name of Protocol Director). Puede llamarlo al (Protocol Director’s phone number). También puede llamar a (name) al (phone number).

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

Si tiene preguntas sobre el estudio, pero quiere hablar con otra persona que no forme parte del estudio, puede llamar al Comité de Revisión Institucional (*Institutional Review Board*, IRB) de Stanford al 650 723-5244 o a la línea gratuita 1-866-680-2906.

1. **¿Qué sucede si no quiero hacer esto?**

**Voluntary participation:**

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

Puede dejar de participar en el estudio en cualquier momento sin tener problemas y su médico seguirá tratándolo si el tratamiento es necesario y está disponible.

Si no quiere participar en el estudio, comuníqueselo a (name of Protocol Director) en cualquier momento.

Firma

Si acepta participar en este estudio, firme o indíquelo aquí:

 Firma del participante / Fecha /

 *Signature of Participant Date*

 Nombre en letra de molde del participante /

 *Printed name of Participant*