**AX9-V6/SOP 03/V6**

**Assent for prospective audit study**

Child Information: (Should be concise and simple)

To state the purpose of the study (What the study is about and why the study is being done)

**Assent for Participation in the study**

I understand that a study “Titled \_” conducted by “Dr.”\_ (name, phone no.) involves the analysis of my medical data that has been collected as part of my routine medical care.

I understand that there will not be any additional medical procedures over and above those which I would encounter during standard treatment.

I understand that this study has been approved by the Institutional Ethics Committee, Tata Memorial Centre and does not pose any additional risk to me beyond that which I would encounter while undergoing routine physical or psychological examinations or tests and/or which I would encounter in routine daily life activities. I further understand that confidentiality with regard to my medical data will be ensured, and that the results published will not in any way be linked to me. I understand that the Principal Investigator (name) would be willing to provide me with any additional information that I would want to know regarding the study.

I understand that if I have any queries regarding rights I may contact,

<Name of Secretary of IEC > **Phone:** <022-24177262/4268 (IEC-I/II) 022-27405154 (IEC-III)>

I understand that if I decline to participate in this study or withdraw my consent at any stage of the study my medical treatment will not be affected.

I am willing to allow the use of my data for the study.

**Name and Sign / Thumb impression of the minor**

**Date**

**Name and Sign of the Guardian/Parent /LAR**

**Date**

**Name and Signature of Impartial Witness**

**Date**

**Name and Sign of the Principal Investigator**

**Date**