

Assent form for children

Title of the study: The burden of fever caused by scrub typhus in the community

Please read this sheet carefully. It gives you important information about this study. A member of the research team will also talk to you about taking part in this study. If you have any questions about the research or about this form, please ask us. If you decide to take part in this study, you must sign the consent form to show that you are willing to take part

Do I have to take part in the research?

- Your parent(s) or legal guardian(s) have given their permission for you to be in the research, but it is still your choice whether or not to take part.
- Even if you say yes now, you can change your mind later, and stop participating.
- Your decision will have no effect on the care that will be provided to you now in this hospital or in the future.

Who will see my information?

- We will make every effort to keep your information private, only the people helping us with the study will see your information.
- Your information will be combined with information from other people in the study. When we write about the study, we will write only about this combined information, and no one will be able to know what your information is.
- CMC, Vellore and the researchers own all information collected for this project.

What will I get if I agree to be in the study?

You will not directly get anything by agreeing to be in this study. However, your involvement in this study will help other patients in the future.

What if I have questions?

- You are urged to clarify your doubts or ask any questions you have, right now, before deciding whether or not to be a part of the research.
- Your parent(s) or legal guardian will receive a copy of this form to keep.

Sign this form only if you:

- have understood what the study is about and why it's being done,
- have had all your questions answered,
- have talked to your parent(s)/legal guardian about this project, and
- agree to take part in this research

Your Signature
or thumb impression

Name

Date

Signature or thumb impression of
Parent(s) or Legal Guardian(s)

Name

Date

Signature of
Researcher explaining study

Name

Date