

TO BE PRINTED ON LOCAL TRUST HEADED PAPER

**CONFIDENTIAL ONCE COMPLETED**

**ECUSTEC Trial No.:**

**iXi iXi iXi iXi X.i**

**Assent Form**

**Eculizumab in Shiga-Toxin producing E. Coli Haemolytic Uraemic Syndrome (ECUSTEC): A Randomised, Double-Blind, Placebo-Controlled Trial**

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| --- | --- | --- |
| **Child (or if unable, parent on their behalf) / young person to circle all they agree with:** | | |
| Has somebody else explained this project to you? | ***Yes*** | ***No*** |
| Do you understand what this project is about? | ***Yes*** | ***No*** |
| Have you asked all the questions you want? | ***Yes*** | ***No*** |
| Have you had your questions answered in a way you understand? | ***Yes*** | ***No*** |
| Do you understand it’s OK to stop taking part at any time? | ***Yes*** | ***No*** |
| I do not mind if someone doing the research looks at my medical records – I know the people doing the research will keep personal things about me secret. | ***Yes*** | ***No*** |
| Are you happy to take part? | ***Yes*** | ***No*** |

**If any answers are ‘no’ or you don’t want to take part, don’t sign your name!**

**If you do want to take part, you can write your name below**

Your name Date (dd/mmm/yyyy) Signature

The doctor who explained this project to you needs to sign too:

Name of Researcher Date (dd/mmm/yyyy) Signature

If an interpreter has translated this form they should countersign here to certify that they have translated fully and accurately

Name of Translator Date (dd/mmm/yyyy) Signature

**Thank you very much for your help!**

**Original to be kept in the ECUSTEC site file, one copy for the patient, and one copy kept with patient’s notes.**