



National Registry of Rare Kidney Diseases (RaDaR)

Young Person (13-18 years of age) Assent Form

Radar No: First name, Last name: Address: NHS No/CHI No:

Please read this form with your parent/guardian and sign below if you agree with the following statements. If you don't agree with the statements or you don't want to take part, please don't sign this form.

- I have read (or had read to you) information about RaDaR
- Somebody has explained RaDaR to me
- I understand what RaDaR is about
- I have asked all the questions I want to
- I have had my questions answered in a way I understand
- I understand that it's OK to stop taking part at any time
- I agree to taking part

Your name.....

Date.....

Your signature.....

Thank you for your help.

For office use only

Researcher's name

Date.....

Researcher's signature

Consent obtained in person/by post /electronically (delete as applicable)