

**PREDNOS 2**  
**Study No.:**



### Assent Form

**Short course daily prednisolone therapy at the time of upper respiratory tract infection in children with relapsing steroid sensitive nephrotic syndrome; the PREDNOS 2 study**

**Child (or if unable, parent on their behalf) / young person to circle all they agree with:**

- |   |            |           |
|---|------------|-----------|
| Has somebody else explained this project to you?  | <b>Yes</b> | <b>No</b> |
| Do you understand what this project is about?   | <b>Yes</b> | <b>No</b> |
| Have you asked all the questions you want?  | <b>Yes</b> | <b>No</b> |
| Have you had your questions answered in a way you understand?   | <b>Yes</b> | <b>No</b> |
| Do you understand it's OK to stop taking part at any time?  | <b>Yes</b> | <b>No</b> |
| 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. | <b>Yes</b> | <b>No</b> |
| I agree to a copy of this form being sent to the researchers at Birmingham Children's Hospital Pharmacy.  | <b>Yes</b> | <b>No</b> |
| Are you happy to take part?   | <b>Yes</b> | <b>No</b> |

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

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Your name Date (dd/mmm/yyyy) Signature

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

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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

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

**Thank you for your help**

**One copy to be kept in the PREDNOS 2 study site file, one copy for the patient, one copy kept with patient's notes and one copy faxed to the Birmingham Children's Hospital Pharmacy Dept.**