

**ASSENT FORM: Shared Diabetes Trial Studies**

**IRB# 79111**

Print or Imprint the Name of the Subject



**Panel 1**

STUDY

**Version H**

**Approved on meeting date – 5 Feb 08**

**ASSENT FORM FOR MINORS**

We are asking you to help us learn if this is a better way to see what your endocrine problems might be. If you agree, we will do some blood tests. If you want, we will give you a special numbing cream that decreases the amount of pain from these tests.

If anything hurts too much or if you want to stop at any time please let us know.

You understand that you parents have given permission for you to participate in this study. I have had the protocol and procedures explained to me and agree to participate.

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Signature of Child aged 7-17 years

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Today's Date

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