**SIGNED ASSENT FOR UNMARRIED MINOR – COMMUNITY SURVEILLANCE**

**Study Title:** *<your system/study title>*

**Principal Investigator:** *<PI name>*

**IRB No.:** *<IRB number of study>*

**PI Version Date:** *<date of document finalization>*

Hello, my name is [*say name*], and I am from the *<insert organization>* in <insert *province name*>. I want to tell you about a research study we are doing that aims to collect information on pregnancy/birth/death to help us answer questions about maternal, newborn and child health and mortality in your community.

We are asking you to join the study because you have/are [*currently pregnant or recently gave birth or lost a baby or young child*]*.*

If you agree to join this study, you will be asked to provide some information on gestational age of the pregnancy or newborn weigh at birth or symptoms and sigs of the death. The study team can visit you again to collect more details related to this event. I will enter your information on my phone and use it to inform our study team about this event. Information will only be used for the purpose of this study and will be accessible to our researchers. We will also keep your information safe by storing it in a safe place accessible only to the study team.

Some of the questions we will ask may make you uncomfortable because they may remind you about the circumstances of pregnancy or delivery or death. You may skip any questions you want or take time thinking about your responses. We will keep your answers private and will not share them with your parent/guardian.

This study will not help you in the fact that there is no direct benefit for your participation. However, we hope to learn something that will help other young women of same age category about circumstance of pregnancy or delivery or death of their children.

# You do not have to join this study. It is up to you. You can say okay now, and you can change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

# Do you have any questions?

Contact person: *<PI name*>

*<Your organization>*

*<Organization address>*

*<City and country>*

Phone: *<Phone number 1>* | Mobile: *<Phone number 2>*

*<Email 1>*| *<Email 2>*

# If you want to be in this study, please sign your name. You will get a copy of this form to keep for yourself.

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 (Sign your name here) (Date)

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 (Signature of Person Obtaining Assent) (Date)