**SIGNED ASSENT SCRIPT FOR UNMARRIED MINOR – VERBAL & SOCIAL AUTOPSY**

**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 causes of 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 recently lostababy or young child*.*

# If you agree to join this study, you will be asked to provide information on signs and symptoms that have led to the death of your baby or young child.

# I will enter your information on my device and use it to inform our study team about this event. Information will only be used on the purpose of this study and will be accessible to 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 your health conditions during the pregnancy and delivery and also circumstances related to the death of your child. 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, but we hope to learn something that will help other young women of same age category about their health during pregnancy and delivery also conditions in which their babies or young children died.

# 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>*

Would you like to join the study?

# 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)