

**OBSERVATIONAL STUDIES IN COVID SUSPECT/CONFIRMED CASES USING  
INTEGRATED DATABASE IN A TERTIARY CARE CENTRE  
ASSENT FORM**

This is an assent form to participate in research studies related to COVID 19, being done at Christian Medical College Vellore

Study Number: \_\_\_\_\_

Child's Initials: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_

It has been explained to me that Christian Medical College, Vellore, is undertaking research on COVID -19. I am aware, that this virus has spread to many countries and is causing a lot of health problems. I also understand that we need to do research on this new virus so that we will be able to fight it better. I understand that I might need to give blood samples, throat swabs and other tests related to COVID 19. It also has been explained to me that drawing blood will be painful and taking throat swabs will be slightly uncomfortable. The research that is going to be done with my blood, throat swabs and other clinical reports has been explained to me in the language I understand. I fully understand that I am free to choose whether I would like to participate in this research and my decision will not have any bearing on my treatment. I have talked to my parents about this project and I have decided that I would like to be a part of this research.

Signature of the child:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature: