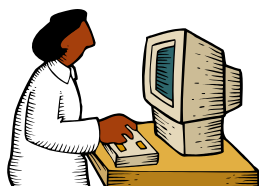
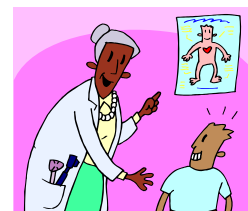


PATIENT ASSENT FORM
FH Paediatric Register
(Ages 5-10)

We want to know about you because you have a condition called FH.



The doctors want to put some information about your condition on a computer.

It will not mean any extra visits to the doctor or more things while you are there.



Mummy or Daddy will need to agree as well and will be given more information.

If you have any questions just ask one of the doctors.

Please talk to Mummy, Daddy & your Doctor about whether you want to be in this study.

I want to be in the study

I don't want to be in the study

Child's Name (printed) _____

Child's Age _____

If you sign this form, you agree to allow us to put some information about you on our computer for research studies:

Signature of Child

Date

Person obtaining consent

SIGNATURE

First Name

Last Name

Job title

Date



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