**Project “CRASHED” (Cause of RASHes in the ED)**

**Project Assent Form**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Site coordinator). We are asking you to take part in a project because we are trying to learn more about the rash that you have. If you agree to be in this project, we will ask you and your parents questions about this rash. We will also take two swabs, like a Q-tip, and rub it on your rash so we can do special tests to see if something called Mpox is causing your rash. The swabs may hurt a little or be itchy, this will only take a few seconds. We will also take a picture of your rash today. In 45 days, we will call you and your parents to ask how your rash is and if you got any more medical care after today for your rash. If you are still not better in 45 days, we will call you again at 90 days to ask you if you got any more medical care for your rash. By taking part, you might help doctors and other experts in public health learn what causes these rashes and maybe prevent them from happening to other people. Please talk this over with your parents before you decide if you want to take part. We will also ask your parents if it is OK for you to take part in this project. But even if your parents say “yes” you can still choose not to. If you don’t want to be in this project, you don’t have to. Joining this project is up to you. No one will be upset if you don’t want to join, or even if you change your mind later and want to stop. You can ask any questions that you have about the project. If you have a question later that you didn’t think of now, you can ask your parents, or you can call me at <Site contact info>. Signing your name at the bottom means that you agree to be in this project. Your doctors will still treat you for your rash, even if you choose not to join. We will give you and your parents a copy of this form after you have signed it.

Name of Participant

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Signature of Participant Date

ID NET Assent Version 2.0

Marcb 27, 2023