**Documentation of Informed Consent**

|  |  |
| --- | --- |
| Participant: |  |
| Version of consent used: |  |
| Consent obtained by: |  |
| Date of consent: |  |

Check all that apply (provide necessary details in the notes space below):

[ ]  The study was explained and the consent form was reviewed with the participant.

[ ]  All of the participant’s questions were answered and all the consent elements, such as purpose, procedures, and risks were reviewed.

[ ]  The participant was given sufficient time to consider participation.

[ ]  The participant agreed to participate in the study and personally signed and dated the consent form.

 [ ]  Verbal consent/assent was obtained (as approved by the IRB).

[ ]  Obtained consent from Legally Authorized Representative (as approved by the IRB).

[ ]  The consent form was signed and dated by the researcher.

[ ]  The consent process was witnessed by an impartial witness (if applicable).

[ ]  The participant was given a copy of the signed informed consent form.

[ ]  The consent process was completed *prior to the start of research procedures.*

Notes about the consent process (i.e. who was involved in consent process, what questions did the participant have, translator number, whether a teach-back process was used, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or initials of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_