**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_