**Study:** **IRB #:** **PI:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant ID:** |  | **Participant Initials:** |  |
| **IRB Approval Date** | Click or tap to enter a date.  N/A | **IRB Expiration Date** | Click or tap to enter a date.  N/A |
| **Date Participant/LAR Signed: (DD/MMM/YYYY)** | Click or tap to enter a date.  N/A | **Time Participant/LAR signed:**  **24 Hour Clock**  **(01:00-24:00)** | N/A |
| **Is this the most recent version of the IRB approved form?** | | YES  NO  N/A | |

|  |  |  |
| --- | --- | --- |
| **Person obtaining consent should check below to indicate completion of each task for Informed Consent:** | | |
| Yes | The informed consent form was signed before any research procedures were performed above and beyond routine standard of care. | |
| Yes | The participant was given the opportunity to read the consent and ask questions. | |
| Yes | The participant was consented in their primary language. | |
| Yes | The participant verbalized understanding of the informed consent information. | |
| Yes  N/A | **If applicable**, the protocol defined contraceptive was discussed with the participant. Please list the participants’s agreed upon method of contraceptive: | |
| Yes | A copy of the signed consent form was given to the participant. | |
| Additional consent details (include any details for obtaining non-english speaking consent): | | |
| **Name of person obtaining consent:** | |  |

Click or tap here to enter text. Click or tap to enter a date.

Signature of Person Obtaining Consent Date