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

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| --- | --- | --- | --- |
| **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 |

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| --- |
| **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 | The participant was consented voluntarily.  |
| [ ] 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