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

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant ID:** |  | **Participant Initials:** |  |
| **IRB Approval Date**  | ☐ N/A | **IRB Expiration Date**  | ☐ N/A |
| **Date Participant/LAR Signed: (DD/MMM/YYYY)** |  ☐ 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 | 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:** |  |

Signature of Person Obtaining Consent Date