Certification of Review

of Electronic Files

Research Consent Documents

**Principal Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HRPO IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bookmarked/Indexed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(*Subject name and date of signature, ALPHA, numeric order, initials and date of signature etc…)*

**Name of file: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Consents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Certified:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Initials of Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**mm dd yyyy**

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**Number of Consents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Certified:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Initials of Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Number of Consents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Certified:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Initials of Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Number of Consents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Certified:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Initials of Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**mm dd yyyy**

**I certify that I have reviewed all pages of the documents contained in this electronic file and that the electronic file is an exact copy of the originals, having all of the same attributes and information as the original.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Certifier Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Certifier Title**

**For industry sponsored trials, please complete the information below.**

**Print Name of Industry Sponsor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**⁯**I certify that the sponsor has agreed to accept electronic storage of consent

(*Initial & Date)* documents. Documentation of this acceptance is stored on file.